

# APDUK

Auditory Processing Disorder in the United Kingdom

## Newsletter

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[www.apduk.org](http://www.apduk.org)

## Progress and co-operation

**D**uring the past year, APDUK has continued to make slow but steady progress in achieving the aims laid out in our mission statement. In doing so, we have maintained close links with the Medical Research Council Institute of Hearing Research (MRC/IHR) APD Steering Committee, who provide us with regular updates and with whom we will continue to work closely in the interests of all those with APD in the UK. Training began in June 2005 in the administration of the new APD tests and we have been informed that these will be complete and hopefully available early in 2007. With the MRC/IHR's help we also intend to compile a database of those UK professionals appropriately qualified to test for APD and where they can be located. The issue of APD testing for adults is also being pursued.

### Disability Living Allowance

Graeme Wadlow has recently succeeded in winning his claim for Disability Living Allowance on the grounds of APD. This is a landmark victory which now means the DSS have APD listed as evidence of a disabling condition and sets a precedent for anyone else making such a claim. To this end, it is now even more pressing that APDUK attains registered charity status in order to give us more weight in our fight for APD recognised disability status in the UK, with all that it encompasses.

### GP referral

I have recently written a letter to the management of Great Ormond Street Hospital on behalf of APDUK, requesting that they

might also accept GP referral for APD testing, as referrals are currently only accepted from audiology consultants and this request is under review.

### Annual General Meeting

We held our 4th AGM online at the end of September, at which time I was re-elected as Chair for another year. Graeme Wadlow and Mel Bastier are now joint Vice Chair, Mark Mitchell remains as Honorary Treasurer and Angela Mitchell as Honorary Secretary. In addition to past members of the ordinary committee, we also welcome another adult member diagnosed with APD to further assist in the promotion of help for the issues which adults with APD face. Thank you to all of them for their continued support and effort.

### Statistics

Our information can be downloaded from the APDUK website [www.apduk.org](http://www.apduk.org) (with over 1300 individual visits a month) and my personal web page found at [www.lacewingmultimedia.com/APD.htm](http://www.lacewingmultimedia.com/APD.htm) (with an additional 2000+ individual visits in the past year) and our newsletters. Newsletter downloads from both websites now total in excess of 1800 copies since they were first published. In addition these can then be photocopied and passed on to those that have no internet access, so the amount of individuals reached may, in fact, be much higher. Please pass them on. With every new edition published there is renewed interest in past editions, so the figures continue to rise daily for all issues - and this interest is not just

*Continued on page 2*

## APDUK Mission Statement

*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.*

# Progress and co-operation...

*Continued from page 1*

UK based, but worldwide. Downloads of handouts and articles we provide have also totalled in excess of 9000 in the last year. Our handouts themselves will also be updated in the near future, in the light of our increasing knowledge of APD and how it affects people, something that we are all still gaining daily.

At present all our information is provided free of charge and we hope to maintain this as long as possible, although lack of funds may not allow us to do that indefinitely, or to extend our scope. This is an issue we need to address and in order to do so, we to raise funds as a matter of urgency in order to produce leaflets and other material to reach those that do not have internet access. Our low membership fees and additional donations, although always very welcome, will not be enough to enable us to do this.

## Charity status

We also need more member support, so please, if anyone would like to join APDUK, (at present a non-profit voluntary organisation seeking charity status and run by unpaid volunteers in their free time), please complete a membership form at the end of this newsletter.

We need everyone's help, whether parents, adults with APD or professionals, to show the charity commission that there is a need for APDUK as a charity, and as we are the only support organisation in the UK providing support, information and firsthand practical advice for APD, we feel there is a very great need. If anyone wishes to help us and has even half an hour a week to spare, please contact me at [olany@aol.com](mailto:olany@aol.com).

## Website

The APDUK website has undergone a major revamp in the past year, thanks to the hard work of our Vice Chair Graeme Wadlow and it includes a new guestbook area. Of particular additional global interest is the new learning styles section, which Graeme has taken so much time and effort to add in recent months. It

would appear that it fills a gap in this area of research as nothing of its kind can be found anywhere on the internet. It includes many collected leading articles by respected authorities in this field. This will soon be followed by a new section on adults and APD and plans are in hand for information on advocacy and a section on the legal rights of the APD individual, relating to the education system, benefits system and in the workplace.

## Merchandise and commission

Also available is our online shop <http://www.spreadshirt.net/shop.php?sid=121954> with APDUK merchandise further advertising what APD is all about and adding a small commission to our funds for every item purchased.

Books, CDs DVDs, games etc. can also be purchased via Amazon (IUK and US) through our website, at no extra cost to you but also provides APDUK with a modest commission. <http://www.books.apduk.org>

Both options are ideal for those last minute Christmas gifts!

## Forums and chat

We continue to visit online forums, spreading APD information and promoting discussion on APD related issues. Forums visited include many education and disability forums for both parents and professionals, as well as the OldAPDs adult's forum, with a growing number of members in the UK.

The APDUK message-board format open forum and specialised forums are now well underway again after some technical hitches. APDUK research chats were sadly suspended for some months, as both Graeme and I were unavailable to run them due to other commitments and Damien Howard being unavailable because of work commitments. Instead we held open door policy, weekend long chats for some months. We began holding formal chats again in August and I hope you will join us for a chat very soon (see details on and other APDUK forums).

## The future

As for plans for the coming year and beyond, I envisage that we will continue

to maintain the progress we have made thus far and extend it as a long-term plan but dependant on suitable funding. Every child newly diagnosed with APD will one day be an adult with APD and we need to pave the way for awareness of APD, by supporting them and those that are already adults and putting measures in place so that the children will not have to suffer a lifetime of ignorance and apathy that today's adults with APD have endured and unfortunately still continue to do so.

## Talks

I also hope that APDUK can be more proactive in the next year, by giving talks on APD to interested groups. To this end, I have put together a Power Point presentation on how APDUK affects children, adults and their families in all areas of life from school to adult education, socially and in the workplace.

This presentation complements the practical advice and strategies suggested in our official handouts, with information about what it is like living with APD throughout life, from early years onwards, how to detect it, how it can manifest, how it is diagnosed, how to support those that have it and how to cope with it.

If anyone would like to arrange for me to speak to their organisation etc. please contact me by email at [olany@aol.com](mailto:olany@aol.com). I would only request personal travelling expenses (several cups of tea!) and any donation you feel appropriate towards APDUK funds.

We have come so far already but we will continue to learn about APD for many years to come and pass on what we know for the benefit of others as APDUK progresses. Thank you, as always, for your support.

*Aly*, Chair APDUK ©

[www.lacewingmultimedia.com/APD.htm](http://www.lacewingmultimedia.com/APD.htm)  
[www.gifted.lacewingmultimedia.com](http://www.gifted.lacewingmultimedia.com)  
[www.geocities.com/saylon\\_uk/AllforOne.html](http://www.geocities.com/saylon_uk/AllforOne.html)

See also [www.apduk.org](http://www.apduk.org) APDUK site

**All People Deserve Understanding and Knowledge**

**[www.apduk.org](http://www.apduk.org)**

**MORE THAN JUST WORDS**

# WELCOME TO ISSUE NO.6

## EDITOR

Alyson Mountjoy  
[olanys@aol.com](mailto:olanys@aol.com)

## DESIGN

Mel Bastier  
[mel.bastier@btopenworld.com](mailto:mel.bastier@btopenworld.com)

## CONTRIBUTORS

- Graeme Wadlow  
[dolfrog@apduk.org](mailto:dolfrog@apduk.org)
- Damien Howard  
[damien@eartroubles.com](mailto:damien@eartroubles.com)  
[www.eartroubles.com](http://www.eartroubles.com)
- Sally Hind  
MRC Institute of Hearing Research
- Geoff Dobson
- Debbie, John's mom
- Tracey
- Nina Robertson
- Gerri

## Schools and disabilities - views needed

I am working with a group of schools to produce their Disability Equality Scheme. We would welcome the views of anyone who has a disability, or a child with a disability, or is an advocate for someone with a disability, who would be willing to email their view of the most important thing that they believe schools could do that would result in improved outcomes for those with a disability.

**Many thanks, Carol**  
[carol@clsmart.plus.com](mailto:carol@clsmart.plus.com)



## We need YOU...

*If you have any time to spare, please join up to APDUK and contact me to volunteer. You may not think you have the necessary skills to work on the committee of a voluntary organisation but everyone has vital talents that can help.*

*Whatever your background, work or life experiences, all you need is a genuine interest in supporting those with APD and a willingness to help.*

*Come along to a chat and meet us (you will just need to contact me to register first)... or just email, phone or write to us with any comments or queries. Thank you!*

*Aly* [olanys@aol.com](mailto:olanys@aol.com)

APDUK is a non-profit voluntary organisation run by unpaid volunteer parents. Our only monetary support for running costs comes from membership subscriptions and kind donations. We are currently seeking charity status and in order to do this we need to raise more funds and membership support. This will enable us to continue and extend our work in helping those with Auditory Processing Disorder in the UK.

Please donate what you can [www.lacewingmultimedia.com/APD.htm](http://www.lacewingmultimedia.com/APD.htm) buy books, CDs, DVDs, games or other gifts from Amazon via our books pages (at no extra cost) <http://www.books.apduk.org/> or join us <http://www.members.apduk.org/> to make APDUK even more successful in helping those with Auditory Processing Disorder in the United Kingdom.

*Thank you for your continued support.*

*"Never doubt that a small group of thoughtful citizens can change the world; indeed its the only thing that ever does."*

Margaret Mead



## Contact information

Website: [www.apduk.org](http://www.apduk.org), [www.apduk.org/info.htm](http://www.apduk.org/info.htm)

Further Information: [www.lacewingmultimedia.com/apd.htm](http://www.lacewingmultimedia.com/apd.htm)

Aly Mountjoy, Executive Chair APDUK

[olanys@aol.com](mailto:olanys@aol.com) Tel: 07815 995491 (2.30 – 6 pm)

Graeme Wadlow, Executive Vice Chair APDUK

[dolfrog@apduk.org](mailto:dolfrog@apduk.org) Tel: 01442 214555 (6 – 10 pm)

Mr. Mark Mitchell, APDUK, c/o Dacorum CVS, 48, High Street, Hemel Hempstead, Herts HP1 3AF

# Progress report on developments in APD

**This is a brief update report on the MRC Institute of Hearing Research's project to develop a diagnostic test battery for APD. Children taking part in this study will be drawn from primary schools, aged 6-12 years, and have no measurable ear or hearing problems, and The British Society of Audiology's APD Special Interest Group**

## MRC Institute of Hearing Research diagnostic test battery

This work is known as the Children's Auditory Processing Evaluation (CAPE) Study. The CAPE test battery consists of (a) audiometric tests to check the children's ears and hearing, (b) psychoacoustic tests to check their auditory processing ability, and (c) cognitive and language tests to check their general ability.

The study is about to enter the third phase (see previous update report on Phases 1 and 2). This part of the study aims to use the reduced test battery with a very large number of children drawn from the UK. The data from this phase will tell us how well children of a given age perform on each of the tests. The data will provide the reference points by which we can check the performance of children suspected of having APD. Four areas of the UK have agreed to help with this phase: Glasgow, Cardiff, Exeter and Nottingham. We intend to test 400 children from each area – 1600 in total.

A subsidiary study to check if the auditory processing tests from the CAPE battery can be used with younger children aged 3 to 5 years is now almost complete. The children were able to do most of the tests.

## BSA APD Special Interest Group

The UK Steering Committee comprises 12 members who represent a broad range of relevant disciplines such as audiology and speech language therapy. The current chair is Sally Hind (Developmental Psychologist, Institute of Hearing Research), and the vice chair is Doris-Eva Bamiou (Consultant in Neuro-otology, National Hospital for Neurology and Neurosurgery).

**GROUPS:** Regional APD groups have been formed in Wales, Scotland and Ireland. The Regional and UK groups liaise with one another to keep each informed of current work and progress.

**OPEN MEETINGS:** The APD Steering Committee held their 4th APD Update Open Meeting on 22 June 2006 in Sheffield. It was attended by some 70 delegates of mixed professions. A show of hands indicated that approximately 40% were non-Audiologist; these were mainly Speech Language Therapists.

The Chair for the day was Professor Stuart Rosen (UCL). The morning comprised three main elements: 3 x 30 minute research presentations, 1 x 15 minute methodology talk, and 1 x 40 minute open question and discussion period. Maggie Vance (UCL) started the talks with a presentation on Measuring Speech Discrimination Skills in Young Children; this was followed by Justin Cowan (IHR) reporting on the APD Diagnostic Test Battery being developed at IHR; the third talk, CAPD and other Developmental Disorders, was given by Caroline Witton (Aston). Professor David Moore (IHR) addressed the pros and cons of using a Case Study Approach to answer research questions.

The afternoon sessions were choices of 2 out of 3 x 50 minute workshops. Each workshop aimed to show the importance of a multidisciplinary approach to diagnosing APD, using case studies and demonstrations to encourage extensive discussion. Workshop A (run by Dilys Treharne & Kath Williamson) was from a Speech and Language Therapy perspective; Workshop B (Run by Tony Sirimanna & Doris-Eva Bamiou) was from an Audiology/Medical perspective, and Workshop C (Run by Soumit Dasgupta & Frances Tweedy) was from a multi-disciplinary perspective.

**WORK IN PROGRESS:** In order to establish clinical need and a possible indication of the prevalence of listening difficulties, MRC Institute of Hearing Research proposes to conduct a prospective audit of audiology clinics in Nottingham to ascertain the prevalence of patients (both adults and children) referred for audiological assessment who do not have any measurable hearing or ear problems.

**POSITION STATEMENT:** The Steering Committee is drafting an interim Position Statement which will be placed on the BSA website [www.thebsa.org.uk](http://www.thebsa.org.uk) once fully ratified.

Sally Hind, December 2006

# Mind's Ear? What is it?

by **Geoff Dobson** ©  
**Australia**

**Y**ou probably know about Mind's Eye or Visualizing, where you imagine a picture of something in your mind. Which you recall from your memory or create in your mind.

Well, Mind's Ear is the ability to imagine a Sound or Sounds in your mind.

Though about 8 months ago, I was helping a mother whose 8 year old child could only comprehend what she was reading, if she 'read out aloud'?

Where I had the mother ask her child; 'if she could hear the words in her mind when she 'read silently?' The child replied; 'Do you think that I am crazy, of course I can't!'

Where it turned out, that she didn't know about Mind's Ear, and had never learnt how to imagine sounds in her mind. Or as someone else said; 'Talk aloud in her head'?

Since then I have been raising the subject of Mind's Ear on a number of different Learning Difficulty forums, where it appears that this is a quite a common problem. Where often children never knew that people can imagine the sound of words in their mind. After all, no-one told them that people do this.

Which made me wonder if this might be something that some people with APD might share? So that is why I have written this article for the APDUK Newsletter, just to bring it the attention of APD people for discussion.

So if you have APD, my simple question is 'whether you are able to recreate the sounds of words in your mind?'

Though further to that, is if you can, 'how clearly' can you imagine them?

Where I've found that some people can create the sounds of words in their mind, but that they are not clear or well formed. Or that it takes a major effort to do it.

But I would add that I'm involved in independent research into Working Memory, where Working Memory is the collection of Mind's

Eye, Mind's Ear, as well as Mind's Touch, Mind's Taste, Mind's Smell. Where each of our Senses, has its own Working Memory.

Which work in co-operation. For example, if you 'hear' the word Rose, you might also recall a picture and smell of it in your Working Memory.

Yet, a difficulty with any 'one' of these Working Memory Senses, is commonly explained as a 'disorder with some region/s of the brain'. Suggesting some permanent dysfunction?

Whilst this may be the case for some people, it is only for 'some'.



What isn't commonly known, is that Working Memory in fact represents a 'Set of Acquired Skills'.

Whilst different brain regions contribute to the Working Memory, there is no actual part of the brain called the Working Memory.

Just as there is no part of our Body called Walking. Walking is an acquired skill.

Mind's Ear, Mind's Eye, etc, are equally acquired skills that we need to learn how to do.

With Mind's Ear, I have been looking at 2 basic skills or tools that are involved.

## PITCH AND RHYTHM

Pitch involves the skill to easily reproduce the spectrum of Pitches in our Mind's Ear, that we can hear with our ears. Then to create multiple different Pitches, one after the other.

Rhythm is the other important

Skill, as it provides a structure to organize a sequence of varying Pitches. Providing a precise 'timing' and 'tempo' to the sequence.

These are both essential for producing individual words and also multiple words in our Mind's Ear.

Where perhaps you might try a comparison in your Mind's Ear or Out Loud, and say the words 'pitches' and 'pictures'. A subtle difference.

But then try comparing; 'pitching' and 'picturing'.

Though I have been exploring different techniques to develop the Mind's Ear, which require some

special materials called; Songs, Rhymes, Poems.

Which basically involves practicing reproducing the sound of single lines of a favourite song, rhyme, poem in the mind. But starting with the first word, and then adding words.

Though Rhythm can also involve tapping of the foot or hand/finger, where a sense of Rhythm needs to be developed.

But basically I'm trying to identify a 'self-help' model to develop the Mind's Ear, where the only cost might be buying a CD of one's favourite band, or going to the library to borrow a book of rhymes or poems.

So if any of this is relevant to you, you might like to discuss it further on the discussion section which has been set up for this topic on the APDUK Open Forum : <http://apduk.org/OpenForum/?> Also help with the further development of simple Self-Help exercises.

# He's got what?

By Debbie, John's mom ©

## What I want my son's teachers to understand about his APD

I became a teacher before I even thought of becoming a mom. I loved my students, each a unique learner who taught me much more than I taught them. I didn't realize at the time that every bit of my education, both formal and serendipitous, laid the groundwork for what would be my most challenging school experience—that of advocating for my own child.

My son's APD was diagnosed 2 years ago when he was in fifth grade. Finally, after six years of a rollercoaster education, I had the explanation as to how he could seem like a genius one moment and a tuned-out laggard the

accepted by his district and educators. The bad news is that they still do not fully understand how APD manifests itself in the classroom.

The root problem is that John's teachers don't realize how much of the school experience is auditory. Although my son has an IEP which specifically states the accommodations he needs for success, there are still almost daily kinks in the process. Some of them are relatively minor (confusing directions in the communication log, problem-solving techniques discussed orally that are needed for homework), and some are major and blatant (criticism for "not

and sincerely want to help him.

The most frustrating issue for me as John's parent, however, is that when something happens that is inconsistent with John's IEP, there is not an amicable process to address it. If I bring such inconsistencies or deviations to the attention of John's teachers, I am met with frustration, defensiveness, and even criticism. No matter how conciliatory I am in my approach, I have not yet found a way to insure that John's IEP works like it is intended to.

In my continuing search for ways to communicate what is needed for my son to succeed at school (and to reduce our stress at home), I prepared a summary sheet for a recent meeting with my son's teachers, his principal, and the district special education director. I will find out in the next weeks and months whether this summary makes the school year easier.

Entitled "An APD Student in Middle School," I have revised the sheet and eliminated specific names to publish in the APD Newsletter. Perhaps this will give a helpful portrait to other families or educators as to what the experience of one APD kid has been like. Perhaps it will encourage other parents to write similar summary statements for their own children in communicating with their schools. I am also hopeful that other readers may have suggestions as to how I can improve my efforts to communicate with my son's teachers. If so, please email me at [debbie@2ekids.com](mailto:debbie@2ekids.com).

Parenting a child with APD is a challenge and a journey. I adore my son, and I am hopeful that with understanding, effort, and advocacy he can have a happy and productive future. As his parent, I am grateful to the many professionals and parents who are dedicated to raising the awareness of APD and its implications for children. I hope that sharing my son's and my experiences will help in this endeavor.



next. In my innocence, I thought that things at school would get easier once I knew his diagnosis. They haven't. It's still a daily challenge, but it is a bit simpler because now I am empowered by the truth.

After years of armchair quarterback theories as to what makes my son different, there is no more discussion about ADHD, PDD, autism, an inability to read, or being lazy. These theories have been quashed. The good news is that John's definitive diagnosis is

paying attention" during lectures that have no written listening guides, incorrect information as to assignments and tests, point deductions for not producing work in class at the speed of other students).

I expect for there to be a learning curve for John's teachers. No other student in my son's suburban district has been officially diagnosed with APD, so there is much learning that needs to happen on their part. And they are well-meaning educators who like my son

**Debbie lives in the US; she is also a member of our OldAPDs forum which provides support for adults with APD and parents.**

# An APD Student in Middle School

## Report From John's Mom (November 2006)

I am John's mom. John is **twice exceptional**. He is both gifted and has a learning disability. I am his advocate.

I **strongly support** education and the district schools. I am deeply grateful for the principal's personal interest in John.

I want John to be successful as a student and **citizen of school**. He has made great progress here.

I encourage John's participation in band, chorus, drama, jazz band, show choir, art, and phys ed - **kinesthetic subjects and activities that John excels in** without any supports.

I help John daily with his study of English, science, math, and social

studies - academic subjects which require varying amounts of support and which have daily homework. In these subjects **John needs help at school and at home**.

John has been diagnosed with an **inefficient auditory processing system**. This is not a problem with his ability to listen, but with **the way he understands what he hears**. It is not a **behavioral choice** on his part. His APD **reduces his understanding of oral instructions and content**. John has an IEP and a 1:1 associate for support in his classes so that he can receive **all instructions and content in writing**.

John's **education is stressful**. Each evening I serve as his tutor, helping

him learn what he didn't process at school. He also has several homework assignments each night. Every evening is **dominated by schoolwork**; there is no break.

Whether or not assignments, instructions, and content are in writing facilitates (or handicaps) John's ability to do work in class and at home. If assignments, instructions, and content are not clearly written, John doesn't remember them, and I don't know them. We both need to have a way to **find out what we don't know**.

**Communication becomes our lifeline** and the key ingredient to John's success.

### Good communication is a continuous process. Continuity is vital.

**I consented to John's classification as a special ed student 2 years ago. In 2 years, John has had:**

- 4** different special ed teachers (a different one each year; he'll have 2 more in the next 2 years.)
- 3** different school psychologists (1 in fifth grade, a new one in 6th grade, and a new one in 7th & 8th grade).
- 3** different 1:1 associates
- 2** different district Special Ed Directors

**Each year John has had over a dozen educators working with him at the building level:**

- 12** educators in 5th grade (principal, assistant principal, special ed teacher, 1:1 associate, classroom teacher, counselor, art teacher, PE teacher, Spanish teacher, music teacher, band teacher, gifted teacher)
- 13** educators in 6th grade (principal, assistant principal, special ed teacher, 1:1 associate, classroom teacher, social studies teacher, counselor, art teacher, PE teacher, Spanish teacher, music teacher, band teacher 1, band teacher 2)
- 18** educators in 7th grade (principal, assistant principal, special ed teacher, 1:1 associate 1, associate 2, homeroom teacher, science teacher, social studies teacher, math teacher, English teacher, art teacher, band teacher, jazz band teacher, chorus teacher, math teacher, PE teacher, tech ed teacher, family consumer science)
- 16** educators in 8th grade (principal, assistant principal, 1:1 associate, special ed teacher, homeroom teacher, science teacher, social studies teacher, math teacher, English teacher, art teacher, band teacher 1, band teacher 2, saxophone teacher, chorus and show choir teacher, PE teacher, drama teacher)

John has had **45 different educators in his 2 years** of special ed. Only 13 of these people have worked with John for more than a year. This is a great number of people who need to know how to work with a twice-exceptional child.

Each new person initiates a **new learning curve** for the teacher, for John, and for me.

**Continuity** is critical. The continuity so far has been John and me. This is no one's fault. It is a significant challenge for us all.

## Questions of the Day

### IEP:

How is the IEP to be carried out and monitored, specifically in terms of communication, accommodations, class work, homework, tests, and grades?

### Communication:

Who is my communication link with John's world at school? More specifically, what do I do - and who do I talk to - when I see something happen that is not consistent with the IEP?

*"Coming together is a beginning, staying together is progress, and working together is success."*

Henry Ford

# The day that changed everything

By Tracey ©

I'd like to tell you about a defining moment in my family's life: the day my daughter was diagnosed with APD. Little did any of us know that it would be a turning point in more than her life.

Rebecca was born in 1995, she was a peaceful baby who slept well and grew into a compliant toddler who really should have been born a flower child. We all joked she was off with the fairies most days. As she began school she was able to write neatly for her age and the teacher commented she was the only grade one student who started with a capital letter and used lower case for the rest of the word. Within months though her writing

would have it the paed had been reading an article on APD and had called a colleague who agreed she fitted nicely into that niche since all the serious stuff had been ruled out.

It was APD and we left the audiologist's office in a much happier frame of mind, equipped with enough information to ensure a start to happier times in the classroom. I've since been told that knowing is a waste of time since nothing can be done but I totally disagree with that idea. Rebecca has a dominant right ear. Placement at the front left of a classroom has been essential, in fact her teacher this year inadvertently placed her at the back right last term and her performance level dropped. The teacher

and within three months she was reading fluently to age level. Now you can't get her out of a book.

So, five years on Rebecca is in grade five (she repeated grade 1) and still loves school. Some days she comes home with a headache and bags under her eyes from the effort of the day. In some areas she is still a little behind grade level and she still doesn't like to write much. Math concepts confuse her unless she is physically shown how to do it. She has been lucky to have had three understanding and helpful teachers over the years. Her gift is music. Piano lessons showed the ability to play by ear and her pitch is infallible. Flute was a bit of a failure, not good if you suffer sinusitis, trust me. This year's instrument of choice has been guitar which she picked up with ease.

Not long after Rebecca's diagnosis, I finally had the hearing test I'd been putting off for years. I was convinced I was going deaf so it was a shock to be told my hearing was better than a child's. Then he asked had I heard of APD and the puzzle pieces started falling into place. One day when talking to youngest, Scott, I realized that he needed to be tested. After a hearing test showed above average hearing, APD was suggested. Then my eldest Jack, who was diagnosed with Asperger's and ADHD, was being assessed by the student services team and when I received the report it was advised he be seen by an audiologist for APD testing. Jack's ADHD was eventually

**"The following year Rebecca regressed further. She forgot previously learned skills, the alphabet for instance. I would sit in class with her and point to the letters as I spelled a word for her."**

became messy, she was chastised for not concentrating and became disillusioned with it all.

Later that year I removed Rebecca from school, mainly because of difficulties her elder brother was having but also because she was obviously suffering. I home schooled them until we moved state where I enrolled them in a private school. We have since moved schools twice to be in one where I am satisfied with the level of care.

The following year Rebecca regressed further. She forgot previously learned skills, the alphabet for instance. I would sit in class with her and point to the letters as I spelled a word for her. It would take forever to write a small paragraph and reading was excruciating for her as she forgot what a word was from one line to the next. The most worrying thing was her blank periods. She would just phase out in the middle of something and everything previous to that was lost, sometimes she'd looked surprised to be where she was.

Naturally we were all a little worried. The teacher referred her for educational assistance and I took her to a paediatrician. He ran various tests and scans ruling out dyslexia and epilepsy amongst other things. Eventually he referred her to an audiologist. As luck

ensuring they have eye contact with her before giving instructions and then physically walking up to her to check has shown less misunderstandings.

After beginning to make those simple changes within her life, we all noticed a return of her amazing memory capacity and the ability to 'parrot' words back to you. Verbally she was capable of test results much higher than her grade level, yet on paper she was achieving two levels

**"Not long after Rebecca's diagnosis, I finally had the hearing test I'd been putting off for years. I was convinced I was going deaf so it was a shock to be told my hearing was better than a child's."**

below grade. At that stage we were still awaiting testing through the student services division. The following year she was finally seen by the speech pathologist who informed us she had no speech issues which we already knew. Unfortunately there was a shortage of occupational therapists and she is still to complete assessment nearly three years later.

Not long after that Rebecca was also tested by an Irlen specialist and prescribed tinted lenses. Within weeks of wearing her glasses she began to read

removed and replaced with APD – you know, the old cause and effect argument. Life is interesting to say the least in our household, especially when we're watching a movie. Isn't it amazing though how one little day in a life can change everything so much...

**Tracey is a member of the OldAPDs forum in Australia, adult with APD and mum to Jack 13, Rebecca 11, Scott 8.**

# APDUK POLL RESULTS

Here are the latest results of the international online poll for parents/supporters, adults with APD

## Which of the following has helped you most as a parent/supporter of a child with APD/suspected APD?

Support of others/knowing you aren't alone	35%
Validation that your child isn't lazy/stupid as others suspected	12%
Validation that you weren't making it all up/imagining a problem	35%
Obtaining an APD diagnosis for your child	6%
Support for your child with work at school	6%
Remediation programs for APD - if appropriate	6%

## Which of the following have you found useful as a parent/supporter?

APDUK website	22%
APDUK information/handouts	22%
APDUK Newsletters	11%
APDUK online forums	11%
APDUK online chats	22%
APDUK representatives' contributions to other related forums	6%
Assistive technology/FM system/soundfield - if appropriate	6%

## What has helped you most as an adult with APD/suspected APD?

Knowing you aren't alone/support of others in similar circumstances	47%
Validation that you aren't lazy/stupid as others suspected	13%
Validation that you weren't making it all up/imagining a problem	20%
Obtaining an APD diagnosis	7%
Acceptance from family	13%

## Which of the following have you found useful as an adult with APD/suspected APD?

Remediation programs for APD - if appropriate	7%
Accommodations at work/college/university	13%
APDUK /OldAPDs online forums	40%
APDUK online chats	27%
APDUK website	13%

## Which of the following have you been unable to obtain, whether as a parent/supporter or an adult with APD?

Support of others in similar circumstances	9%
Validation that you weren't making it all up/imagining a problem	5%
An APD diagnosis	14%
Acceptance from family/friends	5%
Acceptance/support from professionals	14%
Acceptance at school/ work	18%
Support with socialisation	27%
Remediation programs for APD - if appropriate	9%

**This is an ongoing poll; please take part to help APDUK to improve our support and services.**  
<http://www.lacwingmultimedia.com/poll.htm> Please send any comments to Aly [olansy@aol.com](mailto:olansy@aol.com)

# The value of acceptance

*“To be nobody but yourself in a world which is doing its best day and night to make you like everybody else means to fight the hardest battle which any human being can fight and never stop fighting.”*

E. E. Cummings

Those with Auditory Processing Disorder (APD) fight a daily battle for acceptance, the most vital of commodities and often one of the hardest things to find. Acceptance has three aspects:

1. First is the acceptance of the individual that they have APD. This often does not come readily and for some, not at all.
2. Secondly comes a decision whether to tell others, to self advocate or try to hide the APD by denying its existence. This can be a major decision for some people and can depend on many factors: their personality, whether they are outgoing or not; what effects they perceive that this revelation will have on their lives for better or worse; or simply on how they feel this information will be received by others.
3. The third aspect is out of their hands, but affects them directly and is something we all strive for; it is acceptance by others, which, if in place, can lead to either essential validation and support for the individual, or if not, they suffer denial and isolation. This is often the deciding factor on whether to tell others about the APD at all.

## SELF ACCEPTANCE

*“Once we accept our limits, we go beyond them.”*

Brendan Francis

Accepting you have APD is not setting yourself limits; it is acknowledging that you, like everyone else, have things that you find difficult but at least you know why. Everyone at some time in their lives will have difficulty with something: we are not all born with infinite knowledge and we all have to learn; some things will be harder for some people and

other things for others. Even the most “gifted and talented” among us have limitations.

Many people go through their whole life not knowing why they have difficulties; those that find out are often glad that they know why, for it is that knowledge that empowers them to improve their life. Denying that you have APD is a common reaction, especially in teenagers who want to be “normal”, to fit in. Adults too find it as great shock and in many cases go through a grieving process, as can parents when they find out their child has APD or any disability, even when it is what you expected to find out and finally have answers. But it is only through acceptance that progress can be made. Through acceptance come self-awareness and self-knowledge, the ability to build on one’s strengths, to use what you are good at to help you develop unique coping strategies that work for you, whether visual or kinaesthetic, reading instead of relying on listening, writing things down to aid memory, making pictorial reminders etc. This is where the support and acceptance of others can make a great difference; by accepting your child has APD you find that you are the best person to help them, especially if you have APD yourself and can pass on strategies that you have found useful. Adults who finally accept their APD are also relieved to know that what has caused them to struggle all their lives is not their fault. With a diagnosis they also have access to the benefit of disability law. Acceptance of this diagnosis may allow you to open many new doors.

Denial of one’s APD can have many causes:

- reluctance to see oneself perceived as “different” from others- but everyone is different anyway, even the ones that appear to be what is deemed “normal” or “neurotypical” have their own quirks or idiosyncrasies.
- not wanting to appear stupid, incapable or unattractive- but those with APD often have compensatory gifts that others find very attractive, like empathy, musical or artistic ability or even something as simple as the ability to make people laugh (everyone is good at something and a person’s true worth does not come from purely academic ability, career

status or money).

- not knowing how others will react- but they may, in fact, be glad of an explanation of what is making you miserable and they may be only too glad to help.

To deny the APD is to deny yourself, because it is a part of what makes you who you are and gives you the compensatory gifts that others lack. Learn to accept them and use them.

## SELF ADVOCACY

*“Learn to value yourself, which means: to fight for your happiness.”*

Ayn Rand

It is not easy for anyone, man woman or child, to stand up and say “I have a problem and I need help.” Neither is it easy for someone with APD to cope alone and hide their difficulties. They will be more obvious as you get older and the workload increases, in school where auditory sequential teaching is the norm, in work placements where listening and understanding are essential and certain jobs require higher levels of processing skills than others, in social situations that you cannot control, where noise levels are high. If you are able to accept that the presence of APD warrants certain accommodations, you can then ask for them and take back control over your circumstances. Schools, employers, family and friends cannot help if they don’t know you need it. Many people with APD become social recluses rather than admit they cannot cope with noise and social interaction.



Many also become isolated because they do admit it, ask for help and are refused it. But unless you try, you will never know how much better life can become, and with a disability diagnosis you have

the law on your side in requesting such accommodations for children at school and adults at work. The rest comes down to personal coping strategies to help you deal with what you cannot change and ways of avoiding those situations that you cannot control. If you don't admit there is a problem, you cannot even begin to solve it. If you say nothing about your APD, settle for your lot and hope it will go away, it won't and sooner or later you may reach a stage where you will be unable to cope with a situation. EVERYONE needs help sometimes. There is no shame in that, only in denying who you are and what you could be. Don't settle for less that you want to have: fight for what you deserve.

### ACCEPTANCE BY OTHERS

*"I wish they would only take me as I am."*

Vincent van Gogh

Validation of one's identity as being acceptable to others is vital to every individual; we all need to feel that we belong and have the approval of our families, friends, social peers, teachers, superiors and mentors. The smallest child will aim to please, thrive on the attention gained by doing something that is accepted and earns approval. Someone with an invisible disability needs it even more and sadly, it is not always given.

Parents may deny their child has APD - or any disability if this disability is inherited - because they may feel responsible. It is not your fault or theirs but to deny it you also deny them the help they need. To grow up finding that you have APD – something about you that causes you isolation through simply misunderstanding what is said, that maybe even causes others to shun you, something that makes you appear less than perfect, something that sets you apart – can be very hard. To find out that someone you love and trust knew about it all along and failed to act, or even help you, is far worse than denial by strangers. Children need the same support and validation from their teachers and other caregivers, who they often spend as much time with as their family. Late-diagnosed adults can be shunned by partners or lifelong friends, once they find out they have APD. It can be hard to deal with the fact that someone you love needs has a disability, but it is far worse for the sufferer. Simple adjustments like facing them when you speak and/or turning down the T.V.,



taking 'phone calls for them or getting an answer-phone, eating in quieter restaurants etc. can make so much difference to a person's life and cost very little. But what means more is that you accept them and love them as they are.

To look at someone with APD, you might never know they have a disability; there is no wheelchair, guide dog, or white stick; nothing to indicate that they are any different to the majority. If they never say, you may never know. There is no indication that they may need your help or acceptance but that doesn't deny them the right to ask or receive it. People with disabilities should not be expected to conform to a world they are born unprepared for. It is never unreasonable to ask for a level playing field or to expect that it be given. It is, however, unreasonable and inhuman to refuse.

### CHOICES

*"If you limit your choices only to what seems possible or reasonable, you disconnect yourself from what you truly want, and all that is left is a compromise."*

Robert Fritz

If you have APD, you may feel that people will never find out and that you can just go along with life as though nothing is wrong. But you may be under-achieving at school or at work and may want more out of life than just settling for what you have. If you choose to seek appropriate help, that

which you are fully entitled to, then you can aim for what you truly want. There are some professions which may cause more problems for those with APD than others, but it all depends on the individual difficulties you have, as everyone with APD is affected differently and copes differently and needs different support. Everyone is entitled to dream and to try to make those dreams come true. At least if you fail, you will know that you had the strength to try for what you want, and that's more than many people ever do. Failure is no more than an opportunity to learn from your mistakes.

If you have APD you are no less worthy of approval, acceptance or success than the person next to you. Anyone we meet may have an invisible disability, difficulty or condition that you know nothing about. People don't wear labels stating their problems or weaknesses. The most disabling conditions I have ever come across are ignorance and bigotry. Be proud of who you are and strive for whatever can make you happy; it's what we all deserve. The choice is yours.

Accept yourself and others will simply have to take you as you are, or not at all, and they will ultimately be the ones to lose out.

*"No-one should have to apologise for who they are."*

Alyson Mountjoy,  
Chair APDUK © 2006

# Think differently to avoid disappointment

By Damien Howard ©  
[www.eartroubles.com](http://www.eartroubles.com)

If you experience auditory processing problems, you face communication challenges that other people don't. It is important to understand how this may affect you as well as that you may have developed compensatory skills that most others do not have. The challenges you face when processing auditory input mean that you tend to judge yourself too harshly, or place the wrong interpretation on what others are saying and doing. This article discusses some of these challenges and gives some examples from my work as a psychologist with people who experience auditory processing problems.

Many misunderstandings can arise when people who face auditory processing challenges do not realise that other people don't face the difficulties that they encounter. Many issues arise when background noise makes it hard for people to understand what is being said..

One woman, with an auditory processing problem, became very anxious about her performance at work when she moved to a new job in an open plan office. She found that she could not cope with telephone conversations when these had to take place at her desk and there was a high level of background noise in the office. However, she did not want to seem different from the others, or to ask for an office of her own. In effect, she wanted to be seen as 'the same as everyone else', but had decided she was a failure because she could not cope, as they could, with the noisy open plan office environment. When this woman sought psychological counselling for what she saw as an anxiety problem, her auditory processing problem was identified – for the first time in her life. However, it must be noted here that often psychologists and counsellors do not know that auditory processing problems can contribute to social difficulties, and to anxiety and depression, in various ways.

Another example, to illustrate the

relationship that can exist between social and auditory processing problems, is the case of a teenage girl who became angry with her friends because she thought they were purposely excluding her from their conversation at noisy parties, by 'whispering' to each other. While their speech was loud enough for them to hear each other, it was too quiet for her to hear easily in the noisy environment of the party, so she could not join in, or share in their conversation. She did not believe them when they said they were not whispering, so she would storm off, leaving her friends feeling upset and

***“People with auditory processing problems often become very good at reading body language. They are often better at doing this than many other people, but may not realise they have developed an exceptional ability in this area, to a degree that most others do not attain.”***

wrongly accused of something that they had not done.

Auditory processing difficulties can also sometimes lead to difficult work situations when an affected member of staff misses out on important information. One manager described a situation she encountered when she sent a strongly worded email, complaining that she had not been consulted about a decision. She was acutely embarrassed when told that she had been at the meeting where the decision was made. It was made during a part of the meeting she had 'tuned out' from, after experiencing listening

overload.

However, it is not only listening difficulties such as these that can cause problems. Sometimes problems arise because people do not realise that they have developed exceptional compensatory strengths in the face of their auditory processing challenges.

People with auditory processing problems often become very good at reading body language. They are often better at doing this than many other people, but may not realise they have developed an exceptional ability in this area, to a degree that most others do not attain. They have done so because this additional information helps them to understand what is being said. People often draw on this ability, in conjunction with another skill that also helps them to cope with auditory processing difficulties. They learn how to get to know others so well that they can anticipate their thoughts and feelings, as well as what they may want.

By getting to know other people, how they feel, and what they think about, they are better able to anticipate what someone may say in a given situation.

By doing so, they reduce the demands that listening imposes on them, and are better able to fill in any gaps in what they are listening to, so they can more easily understand what was said.

By reading body language and gaining an understanding of how people think and feel, they can at times anticipate what people want, when someone has not actually yet said anything about that.

So, people with auditory processing difficulties can often appear to others as 'mind readers'; they seem to know what others want and need before anything is said about this, and sometimes even before another person knows themselves what they want. This means they can be very empathetic and supportive partners, friends or co-workers, if they can use their skills to meet others needs, with minimal conversation.

However, problems can arise when people who have these skills do not

realise how exceptional this ability is, and expect the same of others. When others don't interpret their body language in appropriate ways, or anticipate their needs, they may not understand that others simply do not have the same ability as they do. Most people need to be told explicitly what others want. This sort of misunderstanding can lead to many disappointments. A person may decide that someone else has chosen not to recognise and anticipate their needs because they do not care about them, or do not like them enough to do so.

One man who came to see me for counselling about depression complained about his wife and his friends, because of this type of disappointment. He felt they did not give him the same kind of consideration that he gave them. When he had complained to his wife about this she had said that she had not known what he wanted, but he found it hard to

believe this. He had spent a lot of time mulling over his disappointments, and had rejected her protestations because of his deeply held beliefs.

I counselled one couple when the husband had not only convinced himself that his wife really did not care for him, but convinced his wife of that as well. He had presented so many pieces of evidence and believed so strongly that she could not care for him, that she had begun to think he must be right. Despite feeling that she did love him, and that she did try to respond to his needs as best she could, she came to accept that the way in which she loved him was just not good enough. It was only their deeply held religious beliefs that were keeping them together, despite his disappointments and her feelings that she was a failure as a wife.

With another man, his depression had served to distort his interpretation of his wife's responses. After arriving home late one night he could tell his wife was upset

but, unusually, she did not say anything about it. She was upset because she was worrying about him, but because she knew he was having a hard time she decided not to say anything about that. However, he began to think that she wasn't talking to him because she had decided to leave him. His negative thinking, because of his depression, had led him to place a catastrophic interpretation on his astute reading of his wife's body language, an interpretation that was completely wrong.

These examples illustrate the way in which anticipatory skills, and a belief that everyone has these skills, can lead to quite erroneous conclusions. In the last case, the man read the situation in quite the wrong way; his depressive negative thinking combined with his astute reading of his wife's responses.

If you have experienced similar situations, or you identify with any of the above stories in some way, then think about the suggestions that follow.

- Auditory processing difficulties do present challenges. It is unfair to expect people with listening difficulties to be able to cope with the demands of listening to other people in the same way that others can. Don't expect too much of yourself, however much you may want to appear to be the same as others. If you do judge yourself too harshly in comparison with others, you will underestimate the very real challenges that you face, and also your accomplishments.
- If others expectations and judgments are based on unreasonable demands on your ability to listen, their perceptions of you may very well be wrong, so don't believe what you think they may be thinking about you. Instead, make sure you maintain your relationships with people who do appreciate your strengths and abilities, as an antidote to the inevitable uninformed judgments made by others.
- Be aware of others limitations. They may not be able to read your body language and anticipate your needs. Although you may be able to 'mind read' and empathise with others quite easily, others may not be able to do so to the same degree. This does not mean that they don't care about you, or that they care less about you than you do about them, but they may show their caring in a different way.
- Your 'language' of caring may be through the way you can anticipate and act on other people's needs, but it is important to build your understanding and acceptance of the 'language' that others use to express their caring. Remember too, that you may need to tell others very explicitly about what you want, if they are to be able to meet your needs. You will have to use words and speech to help them know what you want and need from them.
- Be careful about projecting your own fears onto your thoughts about what others may be thinking, or what they may want. When you care about the way people feel about you, that is when you are most likely to be wrong in your interpretation of others thoughts and feelings about you.
- Be very careful too, about believing your own opinion about what people's responses may mean, instead of believing that people actually mean what they say. If you accept what you believe, and not what they say, you may push away the people you care most about, and who care most about you.
- Talk to others to check out your suspicions and fears. Are they reasonable ones? Make sure you choose sensible people to talk to, and people who are not directly involved in the situation. If you think you may be depressed, then it is even more important that you run a 'reality check' in this way, to test your thinking about what other people's responses may mean. It is also important to get some professional help. If you see a counselor and they are not aware of the kinds of challenges faced by people who experience auditory processing problems, then it is important to tell them about these. It may help to refer them to the APDUK website or [www.eartroubles.com](http://www.eartroubles.com). Professionals you consult can use their skills more effectively if they understand about the kinds of challenges faced by their clients with auditory processing problems.

**Damien Howard is a psychologist interested in the social and psychological effects of listening problems. See [www.eartroubles.com](http://www.eartroubles.com) for more information on his work.**

# Invisible disabilities at work - APD

I cannot participate in certain workplace activities, due to my auditory processing disorder and my Hyperacusis.

When there is an all staff meeting or a department potluck, I cannot attend because being in an enclosed area with a lot of people puts me into auditory overload.

For anyone who has experienced it, auditory overload is no joke. For me, it means that I will be nonfunctional and ill for the rest of the day. Nonfunctional means that I experience vertigo, cannot process speech at all, and must find someone to drive me home so that I can recuperate in isolation.

When I have questions or need technical assistance while at work, I always look to the intranet for help first because I am unable to navigate the

phone system.

By the time I do ask for help, I have already exhausted all of the usual channels to try to resolve the issue on my own. Unfortunately, because I look and sound normal, my requests for help are usually either ignored or ridiculed as if I was just lazy or a bimbo.

Because of this misperception, I have learned that it is better to try to resolve my own problems, rather than expect help from others. This has made me quite resourceful and very good at troubleshooting and finding creative solutions for many cumbersome issues.

**MY MESSAGE TO MY CO-WORKERS:**

- I know that it is difficult to remember that I am disabled. I know I do not look or act like someone who is disabled and I do not constantly

remind you.

- But when I do ask for assistance, try to remember that I am only asking because I really need your help.
- Please don't make me explain all over again what is "wrong" with me.
- My doctors have already verified my disability through copious amounts of supporting documentation. Yet, you repeatedly ask me to justify my disability.
- It is demoralizing to be asked continually to explain something that most people can never understand. I don't really understand it myself.
- APD is a forever part of who I am. It cannot put it aside when it is inconvenient.
- I have finally learned to accept this aspect of myself. Can't you try to accept me too?

## Secrets from a Technical Writer with APD

*I am simply not a linear thinker. I am not a linear writer either, but don't tell my employer!*

*It seems a little ironic because my procedures and user guides must be chronological and I have never been able to write that way.*

*When I was a student and an outline was required in my English classes, I was stuck until I started writing the essay first and creating my outline based on the essay. I have never been able to understand how can you constraint a concept to a chronological order when the concept has not yet been expressed.*

*I write technical content as I see it in my mind. Once I understand a concept by writing about it, I can understand the chronology and I can put the steps in order very easily. I just cannot see that order until I have written down the content. Fortunately, that method enables me to discover missing steps too.*

*I really hate to have people view my unfinished work. It simply makes no sense to anyone except me. It must be difficult for some people to see how the disorganized mess on the page can become a precise and concise usable document. Nevertheless, magically, it always does.*

## Expectations and perceptions

Would you expect an individual with severe animal allergies to spend hours a small room with several dogs and cats?

Would you ask a nearly blind friend to remove her glasses and read the fine print on a bottle of aspirin?

Would you expect a short-statured co-worker to reach for an item on a very high shelf?

Would you argue with a fair-skinned friend who tells you that she must stay out of the sun?

Would you expect a co-worker to get out of his wheelchair and climb three flights of stairs?

Would you pressure your recovering alcoholic friend to have a cocktail?

Then, why would you take your APD friend to a noisy restaurant to have a long serious conversation?

by Nina Robertson ©

# Grade 12 Math and APD

## By Gerri ©

I have had APD since early childhood, I am now 52.

I was called a day dreamer. I often misunderstood what teachers, friends and family said. I had a terrible time explaining myself.

### Grade 10 English

I prided myself that I had a very good memory. I got up to give my speech in class. If it wasn't for the kindest English teacher, I would still be standing there. I could not speak, and I was frozen to the spot. As this speech was a major mark for my English, and because I wasn't able to give it, she asked that I do another written project or fail English. Ultimately I did pass English, and as a result of doing the extra project, I didn't have to write the English exam.

### Grade 12 Math

Math came easy to me. I didn't understand a math question. I asked the teacher to give me another question not from the text, as I didn't understand it. Well she took the question from the text, and in her own words tried to explain it to me. Like Duh, I had just told her I didn't understand the question, to give me another question. Me with APD, I just drew a total blank. When I finally realized I was getting nowhere fast, I just blurted out "What kind of teacher are

you when you can't teach Math". Her reply was "You get to write the Math exam". I never had to write a final math exam before. That was the first year I did. As I had already passed my Math, I answered one question and left.

### Grade 13 Math

Oh was I being punished. Here the very teacher who couldn't teach Math was supposedly going to try and teach me grade 13 Math. This year I learned how to teach myself, and not depend on what I was hearing. It did not make sense what the teachers were saying at the best of times. The teacher came to me at the end of the year, and advised me I would not have to write Math, because I had done so well in the course that year. If only she knew how it was accomplished.

### Throughout my life

Throughout the years I learnt to compensate for not understanding what was being said. I learnt to lip read, watch body language, and used good common sense. I was an avid reader. I felt the more I read, the better my spelling would be. It has only improved because of good spelling checkers.

The negative thing I did was to close myself off from the outside world. I avoided using the phone. I lost many jobs because I refused to use the phone, and because of other APD related communication problems. This past year,

because I couldn't communicate my thoughts properly, I wrote them down, and asked my GP to address them. Because I also have problems writing my thoughts down, I sometimes use the wrong words. She took this as a negative thing toward her, and let me go. I was majorly stressed. This also made things even worse when I tried to tell her that this was not about her, but only about my need for answers in regard to my health. Many months I was without a GP.

I have other learning disability problems. I am mildly dyslexic, and have a problem with Hyperacusis. Both of these problems just seem to add to my problems of APD and my understanding of what people are saying. It hinders my ability to write back, or my use of the spoken word, to communicate my understanding of what was said.

At times it causes me much more depression, and the need to be less social. As I am also claustrophobic, closing myself away from the public also causes me to have other psychological problems.

APD has been a challenge. I am back on my feet after the fiasco with my ex-GP. I finally have a GP who is willing to let me write down what I need to be addressed, for when I visit with him. I think I am going to like him.

**Gerri is an OldAPDs forum member in Canada**

## APDUK Chats and Forums

All APDUK chats are held here.

<http://client.sigmachat.com/sc.pl?id=46104>

Participants need to register with Aly [olanys@aol.com](mailto:olanys@aol.com) to access our private chat rooms. Transcripts are available but only to those that attend the chats in order to maintain confidentiality.

**2007 Chat Diary** 2007 chats are yet to be arranged - please see our forums for details.

**APDUK Forums** All are welcome to join these forums.

APDUK forum

<http://groups.msn.com/AuditoryProcessingDisorderintheUK/>

For everyone with an interest in APD.

OldAPDs forum

<http://health.groups.yahoo.com/group/OldAPDs/>

For adults with APD or suspected APD.

APDUK message board style forum

<http://apduk.org/OpenForum/>

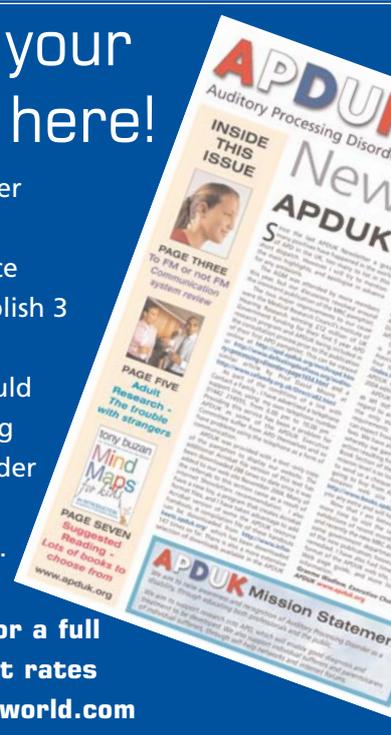
Please register for the open forum first, then you will be able to apply to join the board for parents and the adults boards with access to our research topics. There will soon be a message board moderated and run by professionals for professionals. The members' forum is only open to registered members of the voluntary organisation APDUK.

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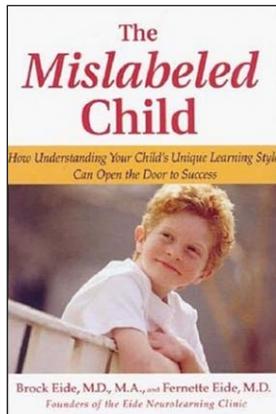


# Recommended books

This is a collection of books recommended by APDUK and OldAPDs members and a selection from the APDUK website books section.

Order your Christmas books, CDs DVDs etc. via Amazon (UK or US) through the APDUK website and APDUK will receive a small donation towards our funds and it will cost you no more.

<http://www.books.apduk.org/>



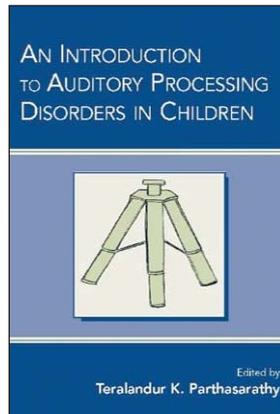
**The Mislabeled Child: How Understanding Your Child's Unique Learning Style Can Open the Door to Success**  
by Drs Brock Eide, Fernette Eide

**PRODUCT DETAILS:**

- Hardcover: 528 pages
- Publisher: Hyperion; 1st edition (August 1, 2006)
- Language: English
- ISBN: 1401302254

**SYNOPSIS**

Focusing on how a child learns to help them unlock their potential and how learning difficulties can lead to behavioural issues, this book emphasises the importance of obtaining an accurate diagnosis for each child. It was written by husband and wife Drs Brock and Fernette Eide, physicians who specialize in treating children with learning challenges. It includes information on a range of learning disabilities from ADHD to dyslexia and dysgraphia. Suitable for parents, teachers and professionals. There is also an associated forum, set up by the authors. <http://mislabeledchild.com/phpBB/>



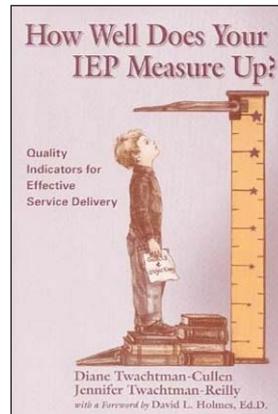
**An Introduction to Auditory Processing Disorders in Children (Paperback)**  
by Teralandur K. Parthasarathy (Editor)

**PRODUCT DETAILS:**

- Paperback: 312 pages
- Publisher: Lawrence Erlbaum Associates, Inc. (October 5, 2005)
- Language: English
- ISBN: 0805853936

**SYNOPSIS**

This one is more for professionals....  
Auditory processing in children (APD) comprises an increasingly important clinical area within the broad field of communication disorders. This new textbook presents the major advances in the assessment and management of APD. The chapter authors, highly regarded clinicians and researchers from diverse professional groups, contribute an impressive breadth of knowledge to explain and demystify APD. This text will be useful to students of speech language pathology and audiology, as well as professionals in those fields.



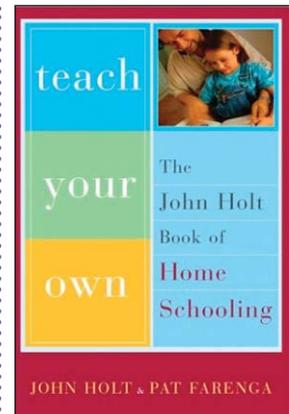
**How Well Does Your Child's IEP Measure Up?: Quality Indicators for Effective Service Delivery (Paperback)**  
by Diane Twachtman-Cullen, Jennifer Twachtman-Reilly

**PRODUCT DETAILS:**

- Paperback: 250 pages
- Publisher: Jessica Kingsley Publishers (19 Mar 2003)
- Language: English
- ISBN: 0966652924

**SYNOPSIS**

A step-by-step guide to help parents and professionals working with children on the ASD spectrum obtain or write an individualized education plan (IEP). The individual chapters set out the "blueprint" detailing the crucial building blocks for IEP development. Part I arms the reader with the specific information needed to generate the types of meaningful goals and objectives that lead to effective service delivery. Part II presents several models so that parents and professionals can see how the various elements can deliver an appropriate individualized education programme.  
Teach Your Own: The John



**Holt Book of Home Schooling (Paperback)**  
by John Holt, Pat Farenga

**PRODUCT DETAILS:**

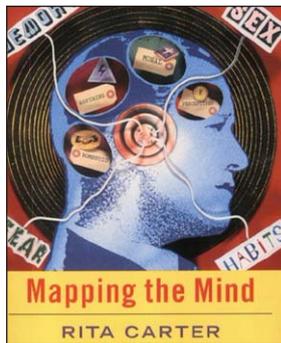
- Paperback: 352 pages
- Publisher: Perseus Books (April 2003)
- Language: English
- ISBN: 0738206946

**SYNOPSIS**

Today more than one and a half million children are being taught at home by their own parents. In this expanded edition of the book that helped launch the whole movement, Pat Farenga has distilled John Holt's timeless understanding of the ways children come to understand the world and added up-to-the-moment practical advice. Rather than proposing that parents turn their homes into miniature schools, Holt and Farenga demonstrate how ordinary parents can help children grow as social, active learners. Chapters on living with children, "serious play", children and work, and learning difficulties should be of interest to all parents, whether home schooling or not, as well as to teachers. This new edition is supplemented with financial and legal advice as well as a guide to co-operating with schools and facing the common objections to home schooling.

Log onto [www.books.apduk.org](http://www.books.apduk.org) for more books on APD issues and related invisible disabilities

# Have an APD Christmas



**Mapping the Mind** (Paperback)  
by Rita Carter

**PRODUCT DETAILS:**

- Paperback: 384 pages
- Publisher: Phoenix Press (1 Jun 2000)
- Language English
- ISBN: 0753810190

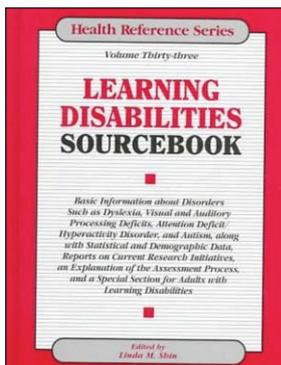
**SYNOPSIS**

Rita Carter is an award-winning medical writer. In Mapping the Mind she explores the landscape of the brain and its connections with the mind. Carter introduces the subject with the historical background of anatomical discoveries and emerging theories of brain/mind connections. In this fascinating and well-illustrated book, Rita Carter shows just how far we have travelled in our understanding since the mid-19th century world of Dr Harlow and gives a sense of how far we still have to travel.

Grab yourself the ideal last minute Christmas gift at our online shop: [www.spreadshirt.net/shop.php?sid=121954](http://www.spreadshirt.net/shop.php?sid=121954)  
A fantastic collection of APDUK merchandise is available and with each purchase APDUK receive a small commission for our funds.

Christmas gifts of books, CDs DVDs, games etc. can also be purchased via Amazon (IUK and US) through our website, at no extra cost to you but also provides APDUK with a modest commission [www.books.apduk.org](http://www.books.apduk.org)

**Thank you for your support!**



**Learning Disabilities Sourcebook** (Health Reference) (Hardcover)  
by Ross, Linda M. Shin (Editor), Linda M. Ross (Editor)

**PRODUCT DETAILS:**

- Hardcover: 600 pages
- Publisher: Omnigraphics (May 1998)
- Language English
- ISBN: 0780802101

**SYNOPSIS**

Basic Information About Disorders Such As Dyslexia, Visual and Auditory Processing Deficits, Attention Deficit/Hyperactivity Disorder, and Autism. Includes a special section for adults with learning disabilities.



**Christmas Greetings to all our readers!**

*May you have a Safe and Peaceful Festive Season and a Happy New Year*

**From: All at APDUK**

## On the dealt cray of Swiftness

**A new twist on an old favourite - by Tracey**

Here we have the 12 Days of Christmas as heard whilst listening to Rebecca play a computer game full of neighing and galloping horses, the T.V. showing Planet of the Apes, the dishwasher and the air conditioner, the frogs (I swear we have a colony or ten in the front yard alone) and 2 boys yelling at each other over the smallest thing!!!

*On the dealt cray of Swiftness,*

*Fry mule dove went to me  
Twelve plumbers humming,  
Eleven snipers swiping,  
Ten swords are sleeping,  
Nine crazy playings,  
Eight spades a tilting,  
Seven gongs gone dinging,  
Six police a swaying,  
Five old green tins,  
Four falling nerds  
Three hench men,  
Two curled gloves,  
And a harped plane hid a daintree!*



# APDUK Membership Application Form

## Auditory Processing Disorder in the United Kingdom

**I AM/WE ARE APPLYING FOR** (please tick)

Name .....

Address .....

.....

.....

Postcode .....

Tel. No .....(preferably not a mobile No)

Email .....

Please tick your preferred options regarding how we can contact you.

- Post       E-mail       Telephone

**I am interested in APD for one or more of the following reasons**

(Please tick the relevant box(es) which apply to you)

- I think I may have APD
- A young member(s) of my family may have APD
- An adult member(s) of my family may have APD
- I have a professional interest regarding APD
- I am interested in issues relating to APD and the Education System
- I am interested in issues relating to APD and Employment
- I am interested in Support for Families coping with APD

**Please tick the nature of your interest**

- Audiologist
- Paediatrician
- Educational Psychologist
- Special Educational Needs
- Other
- Speech & Language
- SENCo
- Parent Partnership
- Occupational Therapist

- Individual Membership      **£5.00**
- Family Membership      **£7.50**
- Concessionary Membership      **£2.00**
- Professional Membership      **£10.00**

**TYPES OF APDUK MEMBERSHIP**

**Individual Membership**

Annual Membership for anyone with an interest in Auditory Processing Disorder. Parents, relatives, friends, of sufferers or even the individual sufferers themselves.

**Family Membership**

Annual membership for families who have an interest in Auditory Processing Disorder. This is a Single Annual payment for all the named members of a family unit.

**Concessionary Membership**

Annual Concessionary Membership is for someone interested in Auditory Processing Disorder and is in full time education, unwaged / low waged or over 60.

**Professional Membership**

Annual Membership for the many professionals groups whose work will involve them with those who suffer from APD and the related disabilities.

Please send the completed form together with a cheque made payable to APDUK to:  
**Mr. Mark Mitchell,**  
**Membership Secretary APDUK**  
**c/o Dacorum CVS,**  
**48, High Street,**  
**Hemel Hempstead,**  
**Herts HP1 3AF**

# Have you heard about **AUDITORY PROCESSING DISORDER/APD?**

# APDUK

For those who need more than words...  
[www.apduk.org](http://www.apduk.org)

- Do you have problems understanding what you hear, even if you have been told that your hearing is good?
- Do background noise and/or crowds make this worse?
- Do people think you don't listen to them?
- Do you have reading/spelling problems?
- Do you have problems following spoken instructions?

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

*(These difficulties might not all be present.)*

**Auditory Processing Disorder (APD) is not a problem with hearing, but with the way sound is processed by the brain. This can be diagnosed by trained specialists but 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 a major cause of dyslexia. APD is for life but coping strategies can help, as can support at school, at home and at work.**

**Please pick up a leaflet, if available, or contact us for more information**

Websites: [www.apduk.org](http://www.apduk.org) and [www.lacewingmultimedia.com/APD.htm](http://www.lacewingmultimedia.com/APD.htm)

**Alyson Mountjoy - Chair**  
07815 995491 [olanys@aol.com](mailto:olanys@aol.com)

**Graeme Wadlow - Vice Chair**  
01442 214555 [dolfrog@apduk.org](mailto:dolfrog@apduk.org)

**Mark Mitchell - Hon Secretary**

APDUK, c/o Dacorum CVS,  
48, High Street, Hemel Hempstead,  
Herts HP1 3AF