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Autumn Newsletter. Full of helpful articles and tips for families and children.



# NEWSLETTER

Autumn Edition - *Getting Back to School*

Welcome to our first newsletter! We will be sending quarterly newsletters with new articles and tips to enjoy. We would value all your comments and suggestions so please let us know what you would like to see more of or less of!

In this edition, you will find articles on relevant topics such as school refusal, Attention Deficit Hyperactivity Disorder, and Auditory Processing Disorder. The articles are written by members of our team and outside professionals, all of whom specialise in working with children and families. We would like to make this newsletter relevant, useful and engaging to all our readers. So please let us know if you would like to contribute to our work.

We are also holding a series of evening talks starting with our first on 7th December at 7PM. We have the pleasure of two speakers: Ms Botero (Speech & Language Therapist) who will tell us about Auditory Processing Disorder and Dr. Julie Schneider (Counselling Psychologist) who will talk to us about Equine Therapy. We hope to see many of you there.

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## Auditory Processing Disorder

“Why does my child say “huh” so often?...My child has selective hearing.” Sound familiar? If so, your child may be experiencing Auditory Processing Disorder (APD), also known as Central Auditory Processing Disorder (CAPD), a condition in which the ear and the brain are not communicating properly. Children with APD do not have a hearing impairment. Rather, there is a disconnect ... they hear what is said, but their brain has trouble understanding what was said. Given the disconnect, the ear and the brain have to work extra hard to “talk” and

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## 'I hate school'

Most children will at some point utter the words 'I hate school'. Some will do so on a daily basis, some perhaps even more than once a day. Possibly at every mention of school. However, this will not be a problem, as long as the child continues to attend school. However, for a small group of children, about 1%, such utterances are accompanied by anxiety and a refusal to attend school. We often find that children who do not attend or struggle to attend school may also have a condition called 'Separation Anxiety'. Up to the age of 3 - 4 years, it is very common and developmentally appropriate, for children to be mildly distressed when they are separated from their caregivers. Some children may also be quite clingy to their parents in new situations. However, this behaviour will usually reduce as the child gets older and more accustomed to being in strange environments. Yet approximately 4% of children report worrying about their parents safety and will experience considerable anxiety and distress when



## Attention Deficit Hyperactivity Disorder

Children, particularly boys, will often get excited, be easily distractable and sometimes hard to manage! Parents and teachers may often worry that the child in question may have ADHD. In the last decade, the number of children and adults diagnosed with ADHD has risen and this is often referred to in the papers. Despite the media's fascination with the diagnosis, it is still relatively rare and only 3-5% of school aged children are diagnosed with ADHD. The reason for this is that children need to meet a stringent set of criteria in order to be diagnosed.

First of all, children will display evidence of difficulties in attention, hyperactivity and impulsivity. Most importantly, the hyperactivity and inattentiveness symptoms will have been present prior to the age of 7 years. Moreover, the difficulties need to be present in two or more settings. It is not sufficient that the difficulties are seen only at home or at school. Finally,

children may require additional time to "replay" what was said heard until they can make some sense of it - a task made more difficult in noisy environments. Children with APD may exhibit the following characteristics, which often lead to poor academic performance and/or behavioral difficulties:

- Poor listening skills
- Difficulty filtering out background noise
- Difficulty localizing sounds
- Difficulty understanding vocabulary, spoken language, or complex directions
- Delayed responses
- Responses that appear to be non-related the question(s)/directives given
- A tendency to request repetition or to say "what" frequently
- Difficulty recalling large amounts of information
- Weak phonological, spelling, and reading skill

Diagnosis can be difficult as many symptoms are also present in other conditions. Official diagnosis can only be made by an audiologist or an audiological physician; however, it is essential to use a multi-disciplinary approach towards assessment consisting of: parents, teachers, educational/clinical psychologists, speech language therapists, and if applicable, occupational therapists in

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school. When left untreated, separation anxiety can result in school refusal, social isolation and in the longterm sufferers are at a greater risk of developing other anxiety disorders (such as generalised anxiety disorder). The good news is that both separation anxiety disorder and school refusal can be successfully treated with Cognitive Behaviour Therapy. It is important to target school avoidance as quickly as possible. Evidence shows that the longer the child is out of school, the harder it will be for them to return to full time education.

Currently, we are running a group for parents of children who are struggling with strong emotions such as anxiety. The aims of the group are to teach parents skills on how to help their children move forward in the lives when faced with challenging situations and emotions. Please contact us for further information.

social, academic or occupational functioning. So, the child needs to be struggling to keep up with school work, find himself being excluded socially or struggling to function independently.

A diagnosis is usually made by an Educational Psychologist following a Cognitive assessment or by a neuropsychologist or pediatrician. In the cases where there is a diagnosis, considerable research has been done into the most effective course of treatment. National Institute of Clinical Excellence (NICE) in the UK suggests that medication is not necessary in the first instance and certainly not in mild to moderate cases. Instead, parenting training, where parents are supported and taught positive parenting strategies has been shown to be very effective and is recommended as the first line of treatment. This intervention can be accompanied by individual Cognitive Behaviour Therapy or social skills training in groups for the child. In the case of older adolescents, individual CBT is advisable.

A holistic approach to assessment will enable the audiologist or audiological physician to have a better understanding of your child's overall abilities, and this, in turn, will help rule out or confirm the presence of APD.

If you decide that you do in fact want to seek specific testing to examine the possibility of APD, be sure to consult with other professionals and have relevant reports prior to scheduling an appointment.

For tips on how to deal with auditory processing, please visit:  
[www.boterospeech4kids.com](http://www.boterospeech4kids.com)

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