

IMPLICATIONS OF AUDITORY PROCESSING PROBLEMS In the Home, School, and Workplace

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Auditory Processing impairments may have significant and pervasive effects on the afflicted individual's life. The two *primary effects* are in the areas of *communication* and *learning*, especially in academic and vocational settings. The difficulties experienced by an individual with auditory processing problems often involve such frustration and confusion that emotional and behavior problems are commonly induced. One of the most common behavior syndromes which is associated with auditory processing problems is that of Attention Deficit Disorder (*ADD* or *ADHD*). If parents, teachers, and health care professionals focus on the *overt* behaviors rather than on understanding the effects of the underlying *processing* disorder, then a stimulant medication treatment is often seen as the primary or sole solution. Medication may temporarily affect overt behavior, but it has little or no effect on the auditory processing impairment.

In order to understand the nature of auditory processing problems, a very meaningful metaphor may be drawn from the personal computer (PC) field. PC technology has produced the "pentium" and the "486" PC's. These are considered to be very fast and efficient systems. The older "386" or "486" systems were very slow and inefficient by comparison. The metaphor is that the normal or fast auditory processing individual has a "pentium" or a "486" in his/her brain, whereas the individual with an auditory processing and memory problem has a "386" or a "286". So, in a classroom, the teacher is usually teaching at a speed geared to the students with a "pentium" or a "486" processor. The student with a "386" or "286" (auditory processing and memory problem) quickly overloads and shuts down. This overload and shutdown process typically results in the distractibility, short attention span, impulsivity, poor listening skills, and hyperactive behaviors which have become the diagnostic characteristics of the ADD/ADHD individual.

When the focus of teachers and parents is on *overt* behavior without an understanding and appreciation of the *underlying processing problem*, the child's problem is treated very superficially. There is a lack of *clinical precision* in diagnosing and understanding the underlying problem.

Another important aspect of auditory processing and memory problems is the phenomenon of *recovery time*. Once a person has become overloaded, a certain amount of time is needed for that person's psychological system to *clear itself* and to *recover* so that new information can be taken in and processed. For some individuals, *recovery time* may be 30 seconds to one minute. For others with this type of problem, *recovery time* may take from 5 to 10 minutes.

The *overload time* is "down" time. That is, very little, if any, new information can be taken in and processed meaningfully. During this *overload time*, the person may appear to be distracted, "off task", "spaced out", daydreaming, "tuning out", or "not listening". Or, the person may become extremely anxious and lack confidence. Some individuals will

shut down and become angry and defiant. If such an individual is confronted or pressured to respond by another person while on *overload*, it could result in explosive rage and a violent reaction. Auditory overload can occur with reading comprehension as well as with oral communication.

These concepts related to auditory processing overload are applicable to classroom learning situations and to any other situations which involve efficient auditory processing ability for effective functioning. These other situations include communication within a family, among peers, in a 1-to-1 interpersonal relationship, group therapy, family therapy, and even individual psychotherapy and counseling. Auditory processing problems also may adversely impact performance in a job situation that requires effective communication and following directions.

The longer that auditory processing problems are not detected, diagnosed, and treated effectively, the more the individual is at risk for serious emotional and behavior problems. In many cases, these serious emotional and behavior problems are a direct *result* of the auditory processing problem with the confusion, frustration, anxiety, and anger accompanying it.

When parents and professionals focus on the overt behavior and the emotional problems resulting from the auditory processing problem, there is a strong tendency to blame the child or adolescent for being "irresponsible". There also is a strong tendency to misdiagnose the basic problem and, therefore, to try a variety of treatments psychologically and psychiatrically. These treatments may include behavior modification, counseling, and/or psychotropic medications. In many cases, these treatments may not be very effective or they may exacerbate the problems if the auditory processing problem is not detected and adequately treated.

An effective treatment has been auditory therapy which directly addresses the processing problem in a highly structured manner. This type of therapy helps the individual to improve the efficiency of his/her auditory processing. The therapy also enhances self-esteem and self-confidence. In short, auditory therapy is, in essence, the best form of "psychotherapy" for an individual with this type of processing problem. Other forms of psychotherapy are more likely to be effective *after* the auditory processing problem has been treated.