

Clinical Guideline  
 CHC-CL-02

# AUDITORY PROCESSING DISORDER GUIDANCE FOR REFERRERS

<b>SETTING</b>	Trust-Wide
<b>FOR STAFF</b>	All staff
<b>PATIENTS</b>	All children

## Guidance

This document is intended for those referring children and young people who present with difficulties listening, and may be suggested to have Auditory Processing Disorder (APD).<sup>1</sup>

### Key Points

- The Children’s Hearing Centre is able to diagnose and provide treatment for conductive and sensorineural hearing loss in children and young people. We are able to measure the ability of children to hear and process speech in quiet and noise.
- There are currently no validated diagnostic tests or accepted diagnosis criteria for APD in children and we are unable to test for or provide a diagnosis of APD.
- Children with developmental conditions which are associated with global, sensory and/or language processing problems (autism, developmental language disorder, ADHD, dyslexia etc) may present with difficulties listening. We are able to rule out a conductive or sensorineural hearing loss in these children. ‘Listening difficulties’ with normal hearing thresholds should be managed by specialists for that condition rather than Children’s Hearing Centre.

## Service Provision at Children’s Hearing Centre

The Children’s Hearing Centre is responsible for diagnosing conductive and sensorineural hearing loss in children and young people in Bristol and the greater Bristol area. We can also show that a child’s hearing is within normal limits. We work according to nationally accepted clinical guidelines, and offer evidence-based interventions such as hearing aids and hearing implants. Where surgical treatments are indicated, we work closely with the Ear, Nose and Throat department.

We have recently seen an increase in referrals for assessment, diagnosis and management of auditory processing disorder.

## Auditory Processing Disorder

Auditory processing disorder is a commonly used term to describe listening difficulties (or difficulties with auditory processing) with normal sound detection (i.e. normal hearing thresholds). Listening and sound detection are different processes: whilst detecting sound primarily involves the auditory system (both peripheral and central hearing pathways), listening

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(ascribing meaning to sound) involves the auditory system AND attention, language, memory and other cognitive systems.

There are no validated, accepted tests, diagnostic criteria or interventions for APD. Tests that are in current use are language based and cognitively more challenging than a conventional hearing test. The currently available tests are therefore unable to differentiate between a pure auditory processing problem and difficulties listening associated with or caused by language or attention or other processing problems.

Children with developmental conditions which are associated with global, sensory and/or language processing problems (autism, developmental language disorder, ADHD, dyslexia etc) may present with difficulties listening but have normal hearing thresholds. The listening difficulties are likely to be a consequence of the developmental condition, and once a conductive or sensorineural hearing loss is ruled out, listening difficulties with normal hearing thresholds should be managed by specialists for that condition rather than Audiology.

## Guidance for Referrers

For children and young people who present with difficulties listening, the Children's Hearing Service is *able* to:

**Take a detailed history** to understand the listening difficulties that a child is experiencing in the home and school environment.

**Complete standardised measures of hearing threshold assessment.** This will measure the function of the auditory pathway including measures of sound detection and middle ear function; we will identify any undiagnosed conductive or sensorineural hearing loss as a cause of listening difficulties.

**Complete standardised measures of hearing for speech-in-quiet and in-noise testing.** This will measure the ability to hear and process speech in quiet and noise, and identify whether performance is age appropriate and consistent with hearing thresholds.

**Discuss communication tactics.** Using communication tactics can be beneficial to children and young people with listening difficulties with no measurable hearing loss. We would recommend these tactics are tried for any child with listening difficulties for use both in and out of school, and we will provide information to families.

We are *unable* to:

**Provide a diagnosis of Auditory Processing Disorder.** There are currently no validated diagnostic tests or accepted diagnosis criteria for APD in children.

**Provide equipment.** It has been suggested that listening technology may help children who have listening difficulties with normal hearing thresholds. We are unable to provide this.

## Appendix 1 – Evidence of Learning from Incidents

The following table sets out any incidents/ cases which informed either the creation of this document or from which changes to the existing version have been made.

Incidents	Summary of Learning
N/A	N/A

**Table A**

<b>REFERENCES</b>	These referral guidelines are based on the British Society of Audiology Guidance on Auditory processing disorder ( <a href="https://www.thebsa.org.uk/wp-content/uploads/2018/02/Position-Statement-and-Practice-Guidance-APD-2018.pdf">https://www.thebsa.org.uk/wp-content/uploads/2018/02/Position-Statement-and-Practice-Guidance-APD-2018.pdf</a> )
<b>RELATED DOCUMENTS AND PAGES</b>	All protocols can be found on <a href="#">CHC Sharepoint</a> Up-to-date BSA guidance can be found in the resources section of their website: <a href="https://www.thebsa.org.uk">Resources - British Society of Audiology (thebsa.org.uk)</a> .
<b>AUTHORISING BODY</b>	Clinical Ratification Panel
<b>SAFETY</b>	N/A
<b>QUERIES AND CONTACT</b>	Children’s Hearing Centre: 0117 342 1611
<b>AUDIT REQUIREMENTS</b>	N/A

Plan Elements	Plan Details
<b>The Dissemination Lead is:</b>	Joannie O’Connell, Head of paediatric audiology
<b>Is this document: A – replacing the same titled, expired SOP, B – replacing an alternative SOP, C – a new SOP:</b>	C
<b>If answer above is B: Alternative documentation this SOP will replace (if applicable):</b>	-
<b>This document is to be disseminated to:</b>	Children’s Hearing Centre Clinical Staff
<b>Method of dissemination:</b>	Sharepoint
<b>Is Training required:</b>	No

**Document Change Control**

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
Sep 21	1.0	Head of service	Major	Creation of SOP
Feb 24	1.1	Deputy head of department and Clinical Scientist	Minor	Review of SOP and change into new trust format.