

Let's Talk Learning Disabilities

EPISODE 14

Welcome to Let's Talk Learning Disabilities with Laurie Peterson and Abbey Weinstein. Laurie & Abbey spend their days talking about dyslexia, dysgraphia, dyscalculia, and ADHD. They talk to parents of struggling students and adults who have had a lifetime of academic challenges. They want to share those stories, along with their own insights with you. So, *let's talk learning disabilities*.

Laurie: Hello listeners and welcome to let's talk, learning disabilities. Just a quick note before we start, today's episode is the second part to our interview with Amy and Michael Gehan from Achieve Speech & Hearing. There was so much great information to share about auditory processing that we decided to make this a two-parter. So if you have not already listened to the first part, go back now and listen to episode 13 first, then come on back here to episode 14 and hear the rest of our conversation.

Laurie: So I'm really curious, and, and you don't have to go through a whole therapy plan, but I am very curious. How do you help someone improve their ability to block out auditory noises? Like that to me is fascinating. Like, how do you teach someone to do that?

Amy: It's different with every person with how I handle it, but I guess the cookie cutter way of saying it is we train the brain to hear them process the different sounds that we make. We start out with

Michael: How to multitask basically how to listen and, and do work. Yeah. Yeah, that's

Amy: That's one aspect of it, but we're going to start out with how the brain and years and processes those different sounds. So we're going to start out with like long vowel sounds, go to short vol songs, go to consonants, kind of like how you're developing and then blends. We start out with, um, no background noise talking slower as they continue to progress and become

stronger. We're going to talk faster, which squishes the sounds together, which makes it harder for people to understand, which is what they're gonna do.

Laurie: You ever need a fast talker? I'm happy to come over and do that for you.

Amy: Yeah. I'll call you anytime. I, you do that too. Very good at it. Um, they have background noise that we'll put in there. Um, everybody uses something different. I tend to use crazy things like that will drive you nuts like Dora the Explorer or something like that, that, you know yeah, exactly. That you don't want to hear, that can distract the child. Some people use a metronome to me. You're not going to hear a metronome in the classroom. You're not going to hear, everyone what works for them. But to me, I want some it's really going to distract them and we kind of use that. And then

Laurie: Do you start like at a low volume and kind of work you like. Slowly work your way up or, I mean, I just, I feel like it's like exposure therapy, right?

Amy: Yeah. And we're also, there's so many different activities that we do. Then we work into different activities. The competing sounds with following multiple step directions. And so it sounds like simple that we're like, okay, we're doing two step directions with you and you're 14 years old, but they have challenges with it because they'll have a multiple step directions. And that's the one thing that can be challenging is you've got, as they get older and they come to us are like, Sometimes they can get frustrated because they feel like they should be able to do it because it seems so easy. And that's our conversation that we have with them. That that's why you're here. We expect you to have challenges with us, and this is okay. And we're kidding that we're going to build up because what we'll do is when we do the evaluation, it gives us a global picture. But once we start the therapy, we dive in even deeper and we go to the lowest level of where they're having challenges. And then we build up from there.

Laurie: That's awesome. That's awesome.

Abbey: So Michael you, do you diagnose the central auditory processing disorder and then you send her, send them for language and speech therapy, or do you also do therapy that helps with auditory processing?

Michael: I I'm. I make more recommendations. Um, What I've, you know, obviously the hearing aid and the FM system are what I'll, uh, you know, recommend if they are failing with the speech, understanding and noise. But a lot of what I'm doing is recommending modifications of the learning environment. Um, having the teacher keep them away from loud, uh, sources of noise, like maybe a window of a doorway, even a pencil sharpener, um, recommending headphones when they're taking tests, if they need to isolate themselves, giving them extra test time. Um, and then even. I recommend, um, like I was saying about multitasking, we found that music has a therapeutic effect for children with auditory processing. In fact, there's research, that's showing that musicians actually process speech much better than a normal hearing people, even if the musician has a hearing loss in these tests on them.

Abbey: So is there any kind of music, or is it a specific type, like classical music

Michael: Classical music or non lyrical when having it on in the background and learning how to study and multitask. Um, so if a child's doing their homework, if they had Mozart or Bach on, we've seen that the stringed instruments for some reason, are the most therapeutic for helping with multitasking. Once you get into music with words, it becomes a little more tricky. That's a higher level and that's. What do you mean? He's trying to get them to, most of them, can't

Abbey: It's hard to filter that.

Amy: But when they're doing this homework, this is the one thing that throws a lot of parents is they say, well, they want music on. And, but music is repetitive. You know what those words are, every time they don't change. So it actually can help a child to block out everything that's around them because there's nothing new that's going to happen. It's not like a TV show. That's going to have commercials that you're going to be looking at and you're going to hear different things. Music is music.

Abbey: So music helps me focus when I'm working, actually having it on in the background. For some reason I can filter out the other distractions.

Amy: You know what the songs are, you know, what's coming up the songs, even repeat themselves, the words within the songs, repeat themselves a lot. So it, it helps block information out.

Laurie: So do you feel like by the time you're done with it working, w when you finished your therapy, do you feel like they're, you know, cured? I mean, that's, I hate that word or fixed, or they've remediated, what's the right word? And do you feel like, then they're good to go or do they need to come back every once in a while to kind of get a tune up?

Amy: Typically they're good to go. I mean, there's two parts of it. I mean, when somebody is. Coming to us for therapy, we always re they're gonna, we always reevaluate in a year and do a full evaluation on the audiology side and the speech therapy side to see where they've come. And typically in a year to year and a half on Michael's side, they've passed the CAPD. They don't have it. They still sometimes have some language, some don't. Um, I always tell parents to come back and when we discharged to come back in a year, To see where they are because the language is growing. It does continue to grow.

Abbey: So they are fixed or cured

Michael: Well the goal is to have them see how they do, um, the test, the annual testing. So we test them and make sure that. You know, like the kids that are wearing hearing aids or FM systems will, if they test normal in a year, then actually don't need to use it with them anymore.

Amy: So a lot of parents are still want to use the FM system for the attention aspect that you were saying. Yeah. I had one mother that she used it in her house and she'd never had it sense upstairs, downstairs, or one room that is genius. Um, but with regards to like discharge them, I always tell the parents. You know, come back in a year, reevaluate, but if everything is fine in school, there's no need to come back. And I think the biggest compliment is I probably have about one to 2% of our parents that actually do come back.

Abbey: That's great.

Amy: So we'll send letters out and remind them it's time for you. They don't come back. So their, their child's doing great. Yeah. Making good progress. Obviously that's my biggest compliment.

Abbey: Explain the different types of language disorders. Also. I'm curious, other than, you know, they're struggling to make your sounds.

Amy: There's several different ways. Like even within central auditory processing, we talked about the receptive and expressive gap, you know, that's secondary to the auditory processing, auditory processing doesn't. Somebody who has auditory processing doesn't necessarily have to have a language disorder, but they can. So we'll work with children that have. Gap between their expressive and receptive. So they know those words where they can't get them out. Um, we'll work with children that have comprehension challenges that have trouble comprehending information, whether it's, um, auditorily or in writing. Sometimes we'll do that. Um, we work with children that have. The speech deficits that have articulation errors. Sometimes it's due to the muscles being weak in their mouth. Sometimes it's just a delay that's happened. That's we don't really know why, but it's just happened. Other times children have tongue thrust that, you know, when kids are little and they swallow and that tongue goes back in and out, the muscle stays weak and they continue to do, but it's smaller. And as they get older, the teeth can jet out in the front. It can actually, it can be. Um, so. We work with that. We also work with, um, children that have executive function challenges we'll work with, um, problem solving with children. Um, one of the aspects we'll work with children. There are some children at school that they're problem solving. They have challenges, um, problem solving different situations, and that can impact them in school with their work. But it can also impact them adults at work that we see it with, that we work with with how to interact with people. Um, but we see it with children at school that sometimes they don't get along with other children because of it. So we deal a lot with those children, the family, and yes, because when children have, so a lot of times when children have social challenges, the underlining is the problem solving. So we've got to fix that problem solving so they can see and understand what's going on. So we worked with a lot of children with problem solving for that reason. We also work with children that have swallowing challenges. Um, so we're going to look

at, you've got picky eaters and a lot of people, times people think, oh, they're picky eaters. They don't like food. Most of the time it's rooted in the fact that they actually have swallowing problems.

Laurie: Interesting, like when you can't swallow certain foods or textures?

Amy: Well when you've got a little child and they're two year, two or three years old, and they're eating their beans, their peas, and they're all happy with them. They eat them like crazy. They're green. It makes me happy. And all of a sudden they stop eating them. What most people don't think about is what do we do next? We're thinking about. What do I think about that? Which is like, they stopped doing it. We give them something different. That's exactly it. So we gave them, let's say salad, or we gave them broccoli and that's harder to chew a child. Doesn't have the cognitive ability to be able to say, mom, it's getting caught in my throat or it's it's, it's hard to juggle. Yeah, exactly. So what they do is they're like it was green. I'm not anything green. So they start to eliminate things that are green. And then same thing, like, well, you've got the picky eaters, like with the chicken that they'll only eat one brand of chicken. A lot of times what happens is, you know, the chicken, when you buy it, it's processed, it's all made the same. So you can have exactly the same. Well, a couple of things can happen that you do another type of brand. It was harder to chew. So then it's just all chicken or they don't want any chicken or they just want that one brand because they know it's safe, generalize. Um, or as parents, we do this all the time. We're like the they're chicken and we, you know, we give them something else and we give a pork and we tell them it's chicken, but exactly. And so then the child's like, oh, it's dry. I had heard it was hard to eat. We just give a bad piece of chicken that was cooked and we don't know what, or it's different, so it can be anything, but they don't have the cognitivity to really explain what's going on. That maybe that chicken was too spicy or it tasted different. So now they don't want to eat chicken that looks like that. So they just go back to that. And, but the core is those muscles. It's not that they can't eat. I mean, sometimes you will have your general picky eaters and that's what it is. But historically what we have found is that. And we've had, so that's why when we do, somebody comes to us where central auditory processing evaluation on the speech therapy side, we look at everything. So I've had patients that came to us for that evaluation and found out they were silent aspirators because we're looking at everything. And I had a child who was 12 years old and I'm looking

through history, looking at everything. And I'm like, there's something going on here? There's something different. She had a history of like, um, They called it pneumonia, like symptoms. She was out of school a lot and like, there's just something not right here. And so looking at it and finding out and. So I did a mini swallow eval and during a processing evaluation, they're there for like four hours. So we can't go into some of these. I kind of screamed and look at them, but if we need more in depth, we'll do it later. So she came back later and looked at that. I'm like, I sent her off and she was, she was silent aspirator.

Laurie: What does that mean?

Amy: That means that the food and liquids going down towards your lungs and you don't feel it or know you don't cough, you don't choke. You don't even know it's there and happening. So. Sometimes people will get a runny nose or their cough 20 minutes later after they eat, if that's happening. Interesting. But yeah, so she that's what was happening. And she actually had a concussion when she was two years old and that's when everything started to kind of fall apart. And that's when she was having all these problems and. They just don't know it they're little and they don't know that the food was going the wrong way. If we had a stroke, if I had a stroke today, I'd be able to tell you something's wrong, but a child who's developing, can't tell you. And she was telling me, she's like, oh my gosh, I'm swallowing so much different. Like after. A couple of months of therapy. She's like, I can't put she's like, I just thought it was normal. That liquid felt the back of my throat. I thought that the liquid was supposed to fall the back of your throat. I thought this was normal. So we're always looking at different aspects of these children.

Laurie: So do you feel like, or are there any co-occurring like learning disabilities or, um, other issues that you tend to see with the kids that come through your office? 50% of them are dyslexic or a whole bunch of them have ADHD, or it just depends.

Amy: It just depends. It's random. I really do think it's random.

Michael: I think there are kids who have dyslexia, auditory processing, right.

Abbey: And vice versa, can they have auditory processing disorder and be okay readers?

Michael: Yeah.

Amy: Yes.

Laurie: I don't know if I ever told you Abbey, my success story with, with Amy, um, Well, and Michael, she saw you both, but, um, I had a student and I, the thing about what we do is that we don't get to see kids. Like they come in, we test them and we send them on and then we don't really hear much afterwards.

Abbey: Right.

Laurie: One particular student was a close friend and someone I'd worked with for a very long time. And she had dyslexia. And she had gone through an entire dyslexia program, but her reading, we did her re-evaluation for, um, she had to have updated testing to go to a private school. And I did her testing and her phonics were all still so low. And I knew like in elementary school she had gone through like Take Flight, which is a dyslexia program where they went back and retaught her phonics. So I was baffled as to why her awareness was still low, still. So lo and behold, long story short, she has auditory processing disorder. We found it like an eighth grade.

Abbey: Wow.

Laurie: She did maybe a year or two of therapy for awhile. She wasn't happy about it because she thought she was too cool. She warmed up to you for sure. But I got to tell you, I did her reeval for college night and day, really night and day. I was like, that is crazy. That is all easy. It was to overlook because they just kept talking, chalking it up to just her dyslexia, which. I mean, they do look a lot. I mean, they do.

Amy: And they do. Yeah. And we work with a lot of people that do dyslexia therapy and they'll call me up and like, Amy, they've just hit a wall. They're

like, I can't get them any further. And then they're like, we need you to look at them to see if it's auditory processing, just to rule it out.

Laurie: Cause you can't learn the sound if you're not hearing it the right way.

Abbey: That's what I was going to ask too, is that. If there are students that are in a dyslexia therapy intervention program, and they're not making the progress that would be expected and they're not making good progress. At what point do you refer them or should a parent seek out an audiological evaluation to see if it is an auditory processing disorder?

Laurie: How long do you wait?

Abbey: Or is that something that it just depends on each individual person and what the symptoms are that are going on?

Amy: That's a really good question. I honestly don't have the answer for it because I've never asked the people who refer the patients. Like how long were you in the program before...

Laurie: I just think it's when you don't see progress. Right?

Amy: I think that's. That's the basic, I think you've got to turn where the parents not seeing progress. I think the first step is of the parents not seeing progress. They've got to get back with a person who's doing dyslexia therapy, to find out what's going on because there may be some aspect that they're not understanding and it's not transparent and maybe it's not supposed to be transferred at this point. So I think the first step is a parent. You've got to always go back to who's doing that therapy and have that open, honest communication with them about what's going on. And then that opens up the door from there

Abbey: And there's probably a whole host of reasons why therapy might not be effective, whether it be speech and language therapy or dyslexia therapy, it could be, there could be many reasons why it's not effective. You know,

they're not making progress, why they're not making progress, cognitive skills, processing skills, attention, right?

Amy: Yeah. I mean, I know with dyslexia therapy, they give home programs and we give activities to do at home. And the more the parent does at home with them, the faster they get through therapy. So there's all different aspects to it that can impact. Yeah.

Laurie: So it is like when they hit that wall, like you get those calls, that's really kind of, when. Things are moving along and now they're not, it's

Amy: Not only just not, I, I will get calls that they're not moving as fast. That they're not necessarily always a wall, but Hey, we usually see our children progress faster than what they are. And I'm just concerned because they're not progressing as fast. So I work with a lot of people that are proactive in that respect, that they look at the trends of where people should be progressing.

Laurie: I'm wondering, so for us, as we look and do assessments, What are some of the things the red flags we need to watch for that would help us differentiate or know when it's best to send them to you first outside of just phonological awareness stuff. But like what other kinds of things do we need to be looking for to know that this is the right referral for you?

Michael: Well, some of it's our history. I mean, if they've had a history of ear infections or they're being labeled as a daydreamer, uh, the teachers are indicating that it doesn't seem like they're listening or. Uh, following directions. Yeah. Uh, when they read the earth, w you know, when they're taking a test there, they're fine. As long as they can see something visual, once it starts becoming auditory, that's usually the sign that you want to have it checked out.

Abbey: Right. And ruling out attention difficulties, and still being a daydreamer and not being able to follow multi-step directions, things like that.

Amy: And the scary thing is, or none of us were scared, but the hard check, the challenging part is it's. A lot of what we look at and those red flags would be the same for attention deficit disorder. So to me, I know there's testing that you do that. You look at phonological differences and I would say, that's your first on your end. If you see that that's your first red flag of like, okay, they're not hearing those sounds correctly, but also when you've got children that. They're having challenges following multiple step directions. They're having challenges. Um, following through with things, they're misunderstanding a lot of information that's presented to them and

Abbey: They can't repeat back instructions that they just heard?

Amy: Exactly, those are red flags

Michael: Or if they're listening to music and they mix up the words.

Laurie: So we actually, we're going to talk about this at a later date, but we're getting ready to be trained on a test for attention deficit, that's visual and it's objective. Um, so it's not surveys and things like that, but it's a visual task and it's, it's over 15 minutes. It measures their ability to sustain the tension. So it's those kids that do well on that task yet everyone saying, I don't think they're listening to me. Like they're, they're, they're daydreaming that. That discrepancy there. Those kids will be. Yeah, that's fascinating.

Michael: It is so easy. Cause I mean, if, if a child mishear something and then all of a sudden they're, uh, they can't understand the teacher and then they fall off topic and they're not really going to listen to them anymore and you start thinking of something else. And next thing you know, they've, they've lost their attention, but maybe at the root of that was because they weren't understanding what the teacher was trying to get across.

Amy: Right. I would say your children also, they're like the real adamant, like, this is what I heard. This is, this is what they said to me, even though you don't think it's what they said. Or if you're like, mom, I swore you told me, you know, to, to put the dish underneath the sink. And I didn't say that, but those things, if you hear things like that and the children. That's a good sign.

Abbey: That's good information for us to look at it.

Michael: You say huh or what a lot, you know, a lot of repetitions and that sort of thing that can be.

Laurie: We do, we do see that.

Amy: And if you repeat the information, they still don't get it. And because if somebody has auditory processing and they're not understanding what you're saying, and you repeat over and over again, the same way, they're still understanding. And that's where rephrasing becomes so important. And all of a sudden they start to get it. So if you see a person that all of a sudden, you know, repeating it, they never get it, but you rephrase it. They start to get it. That's another sign too.

Laurie: Okay.

Abbey: Okay. So I'm curious, is it. You mentioned a few causes earlier for central auditory processing disorder. Does it have a hereditary component?

Michael: Okay, that's a good question. Yeah. There's no genetic link that we know of so far. Although we do see it in parents that have had ear infections, if their kids have the same type of ear infection problem.

Laurie: That makes sense.

Michael: We do see a lot of children that, um, maybe they've had the, you know, attention deficit runs in the family and then turns out that it wasn't attention deficit, maybe it was more, uh, auditory processing. Um, but yeah, there's there all sorts of things that can cause it, you know, uh, like you said, um, autism was, is one of the main ones.

Laurie: Concussions seems to be a big one here lately.

Amy: Because when you have an ear infection, it's like you've got a temporary hearing loss. So your auditory system isn't developing. So that's the number

one reason I see coming through our office is the ear infections that we can link it to.

Laurie: Interesting. So we have people that listen to this that are from across the country. So while we will send them to your website to get all the information, and I think you do some tele-health, we do kind of tell us, tell us about what you do with that.

Amy: Um, with tele-health, um, the evaluation itself, since there's two parts of that evaluation, one's the audiology side that has to be done in house with the audiologist and with speech therapy, I would prefer the evaluation to be done at our office, but we can do that online depending on which state somebody is in because of our license. But the therapy side of it, once that's done, we have people fly to us from all over and we do the evaluation and if they don't live locally, we're able to kind of get a little treatment plan, tell them what to do, partner with their speech therapist, or, um, talk to their school. I've sat in on several meetings, the school to explain what was going on. Um, and then they're able to get the therapy where they are, and then they come back a lot of times in a year for retesting. Um, But if they're in a state that we're able to practice in, we can do teletherapy and we can do it online.

Laurie: Awesome. And then if they're not, or if they just would rather find somebody right there, what, what, what as a parent would, I need to look for as I'm trying to find someone to do this kind of evaluation, because like we talked about, it needs to have certain aspects to it, right?

Amy: Um, yeah. The testing, you should be tested by an audiologist and a language therapist. They should be certified by ASHA. They should be state licensed in their area, in that state.

Abbey: ASHA is the association for speech and hearing?

Amy: Yes, that's exactly it. You're going to have CCC after their name. So certificate of clinical competence, and it's going to say speech, language pathologist, or audiologist after it. So that's key. You're going to want to have somebody who really understands auditory processing. One of the things that I tell people is, go to their websites, you know, first of all, start

with, um, go to the website, look and see if their website, do they have auditory processing on there if they don't have it on there, they probably don't treat it if they only have one line. Yeah. Maybe all they do with it. Um, so look at their website and see if you like the website. See if that's exactly. Is it something you feel comfortable with and does it give you good information after that call the clinic and talk, ask to talk to the person that does the evaluation, ask them about their experience with central auditory processing. I mean, I have a friend who has a clinic and she's got 15 speech therapists and only two on staff. We'll do auditory processing. She'll allow them to do it because not everybody does it. So you really, you want to talk to them and make sure that somebody who knows auditory processing they've got experience in it and they feel comfortable with it.

Laurie: Right. And is all of this covered by insurance?

Amy: It depends on your insurance plan. Every insurance plan is different. Insurance is driven by what the diagnosis is. And, you know, that's something that, that the person comes to us with and we can't control. So it all depends on the insurance policy somebody has.

Laurie: Is that a typically covered diagnosis? Or does it need to be more of like a hearing loss or

Amy: It depends on the plan. It totally depends on the plan. So some insurance providers are covering therapy and assessments for auditory processing disorder. So after we complete an evaluation, if it's something that somebody wants therapy, we, we will run their benefits. We'll look at it and we'll give the diagnosis codes. And we also give the parents that same information so they can do it themselves and they can double check they can make the decision.

Michael: Most plans cover it. Uh, you know, so when parents are calling and you should always ask to see if it's covered because the majority of them cover it, but it just depends on how the plan is written. Some plans. Uh, you know, just don't have it covered, but it's always good to ask.

Laurie: Well and because it is considered a medical, like we talked about earlier, that would make more sense where, what we do is more educational. So

we have to have that luxury. So thank you guys. This has been awesome, I feel like I've learned so much. So in our show notes, we'll have the link to your website. Um, and then if anyone has questions, there's a way on your website for them to reach out, contact you via email or whatever, so feel free. Um, and then any other. Uh, websites or resources that you think might be helpful for them? Is there anything you can think of off the top of your head or like, um, it's like a national website of providers?

Michael: I would say ASHA, or the American academy of audiology, um, there, you know, a lot of times you just Google, uh, auditory processing.

Amy: I can send you a list.

Laurie: Oh, that'd be great. Yeah. And then I just put it in the show notes. It'd be awesome. Okay. Great. Well, thank you guys so much. This has been so helpful. I think it's going to be, um, It's just good information.

Abbey: It is great information.

Laurie: I think it's a very misunderstood diagnosis

Abbey: Definitely. You guys have even helped me understand it. So I know that we've, we have parents and clients and people listening that you're going to help them. So I appreciate that. And all your explanations and thoroughness.

Laurie: So thank you guys. Thank you.

Thank you so much for joining us today. In our show notes you can find information about today's talk, as well as links to the resources and other episodes. If you have questions about today's talk, have ideas for future episodes or just want to stay connected, you can contact us through Diagnostic Learning Services on Facebook, Twitter, LinkedIn and Instagram. So, Let's Keep Talking Learning Disabilities. This podcast is sponsored by E Diagnostic Learning. You can find more information at www.ediagnosticlearning.com.

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