

Emerge



A Child's Place

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Occupational Therapy
Speech Therapy

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Bonnie Hacker, OT
Founder / Director

Differentiating ADD from SPD for Improved Outcomes

Attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) have been described as the most common neurobehavioral conditions of childhood.¹ However, journals frequently cite the difficulty of making ADD/ADHD diagnoses based on groups of symptoms.²⁻⁵ The core ADHD symptoms of inattentiveness, hyperactivity, and impulsivity are not unique to ADHD. The symptoms and definitions have significant overlap with sensory processing disorder (SPD), but the recommended treatment protocols for ADD and SPD differ widely. **When SPD is identified and treated in a timely fashion, therapists can achieve long-term gains quickly and without the use of stimulants.**

ADD has been defined as "a neurological syndrome characterized by serious and persistent inattention and impulsivity. When constant, fidgety movement (hyperactivity) is an additional characteristic, the syndrome is called Attention Deficit Disorder with Hyperactivity (ADHD)." The traditional theory behind ADD suggested that a congenital imbalance in neurotransmitters worked with other factors to cause brain dysfunction. Stimulants have been considered both a treatment and diagnostic tool (i.e. - improved behavior due to use of stimulants verified the ADD diagnosis). However, some studies suggest that both children with ADD and children without deficits respond to stimulant therapy.⁶⁻⁹ Some doctors have therefore proposed that stimulant therapy cannot be a reliable diagnostic tool for ADD. **Stimulants for ADD pose the additional problem that they only seem to suppress the symptoms and symptom suppression ends when medication ends.**¹⁰⁻¹²

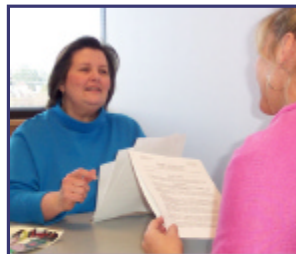
The prevailing theory for sensory processing disorder holds that dysfunctional neurological pathways in the brain's cortex prevent SP disordered individuals from processing sensory input normally, especially sensory input that is tactile, proprioceptive, or vestibular. The SP disordered person over-responds or under-responds to stimuli. For instance, a classroom of children may ignore the sound of an overhead florescent light while its buzzing may greatly distract a child who over-responds to certain stimuli. Conversely, a child who under-responds to proprioceptive and vestibular stimuli may need to stay moving (stay fidgety) to create adequate levels of feedback while he or she is expected to stay seated and listen. Occupational therapy treatment focuses on training and facilitating neurological pathways and brain functions that will improve sensory processing. **At Emmerge, parents typically begin to see very positive outcomes from occupational therapy in as little as one to two months.** Therapy has set goals and end points, but patients typically maintain and build upon their gains for life.

It is highly likely that many children receiving pharmacotherapy for ADD/ADHD with no defined end would benefit from occupational therapy for sensory processing disorder. SPD and ADD may exist as comorbidities. Since types of SPD can present every symptom of ADD, it is likely that some children meeting the diagnostic criteria for ADD actually have a modifiable sensory processing disorder. If the child is frequently, but not always inattentive, consider some differentiating questions. Where, when, and how often does the child lose attention? What is the stimulus? Does the child have a self-therapy routine? Under what circumstances (or different environment) does the child concentrate well? Inattentiveness related to situations rather than intrinsic factors suggests sensory processing disorder over a neurotransmitter imbalance.

Please consider a referral for expert pediatric occupational therapy assessment any time therapy is considered for issues of attention deficit or hyperactivity. Such an assessment can quickly determine the likelihood that non-pharmacological approaches will be able to achieve lasting improvements for the child.



Shown to achieve improvements in various attention related disorders. One of the many effective therapies available at Emmerge.



Bonnie Hacker, OT brings nearly three decades of experience in pediatric therapy.

**Please tell parents about Emmerge - A Child's Place
Believing in a Child's Potential to Flourish**

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