

Emerge



A Child's Place

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Occupational Therapy
Speech Therapy

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www.EmergeAChildsPlace.com

Differentiating Autism from Sensory Processing Disorder



Bonnie Hacker, OT
Founder / Director

Parents across the country have suggested that their children have been diagnosed with autism spectrum disorder (ASD) when sensory processing disorder (SPD) would have been the more useful and sometimes more accurate diagnosis. One of the more popular anecdotal accounts can be seen in video form here:
http://www.youtube.com/watch?v=CRSL4b_N7BQ

The anecdotes from parents frequently involve a story of not achieving the desired progress with therapy prompted by the ASD diagnosis, making a personal search for answers, and finding better results with some sort of sensory integration therapy. Indeed, the criteria for ASD and SPD diagnoses have many similarities. However, they are separate conditions with different treatment implications.

Dr. Lucy Jane Miller conducted a study, "Quantitative psychophysiological evaluation of sensory processing in children with autism spectrum disorders," in which 40 children with high functioning autism or Asperger's syndrome were tested for sensory processing disorder.¹ They found that 78% of their group displayed signs of SPD, but that 22% did not show signs of SPD. In later work, they evaluated 100 children referred for SPD.² None of the children referred for SPD had autism spectrum disorder. This work suggests that sensory processing disorder is a very common comorbidity in ASD, but that autism spectrum disorder is not terribly common in sensory processing disorder.

With the high comorbidity rates, it is easy to imagine how the two conditions could get confused. Furthermore, consequences of sensory processing disorder can masquerade as signs of autism spectrum disorder. For instance, children with sensory processing challenges often experience social setbacks as a consequence, while children with ASD may prefer to play alone as a direct effect of ASD. **The key to differentiating ASD from SPD is that children with ASD tend to have greater, direct challenges with empathy and social interaction (as opposed to indirect challenges with social skills that developed as a consequence of other unusual behaviors).** Signs of autism include: a child not responding to own name, no social smile, not bringing you things to show them to you, not pointing to direct the attention of others, and not engaging in pretend play after the age of 2.



How to Code a Sensory Processing Disorder Diagnosis

Doctors and therapists have been diagnosing and treating SPD for the past five decades. Since 2007, the Diagnostic Manual of the Interdisciplinary Council on Developmental and Learning Disorders (ICDL) has named Regulatory Sensory Processing Disorder as an entire category of diagnoses (codes #200 to 207.9). For more information on SPD diagnosis codes, contact Emerge.

Integrating Occupational and Speech Therapy



Among children with motor problems, the prevalence of subtle speech and language disorders is high, and the converse is also true. Emerge provides a more comprehensive pediatric therapy approach by integrating services from both occupational therapists and speech therapists.

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

References:

1. Miller J, Schoen J, Coll B, et al. "Final Report: Quantitative psychophysiologic evaluation of sensory processing in children with autistic spectrum disorders. Los Angeles, CA: Cure Autism Now, February 2005.
2. Miller L, Fuller D. Sensational Kids: Hope for children with sensory processing disorder. 2006; Penguin Books: NY: pp 280-286.