

# Deficits in Attention, Motor and Perceptual Abilities (DAMP)

## **What are Deficits in Attention, Motor Control and Perceptual Abilities (DAMP)?**

Deficits in attention, motor control and perceptual abilities (DAMP) is used as an umbrella term to describe children with a combination of motor control, perceptual and attention problems. In the DSM-IV, DAMP has been defined as a combination of ADHD (attention deficit/hyperactivity disorder) and DCD (developmental coordination disorder). Defined in this way, DAMP constitutes a sub-type of the diagnostic category of ADHD, accompanied by DCD.

## **What are the common features of Deficits in Attention, Motor Control and Perceptual Abilities (DAMP)?**

- ADHD (attention deficit/hyperactivity disorder) as defined in [DSM-IV](#).
- [DCD](#) (Developmental Coordination Disorder) as defined in DSM-IV.
- Condition not better accounted for by [cerebral palsy](#).
- IQ should be higher than about 50.

## **Common difficulties often (but not always) experienced by the child with Deficits in Attention, Motor Control and Perceptual Abilities (DAMP):**

- Attention difficulties
- Poor coordination
- Slow to learn how to recognise symbols to read and write

- Poor articulation of sounds
- Understanding of language
- Expressing themselves
- Difficulty understanding other's points of view
- Interacting with peers
- Following directions or routines
- Fine motor skills slow to develop
- Learning to tell the time

## **Management strategies that support the child with Deficits in Attention, Motor Control and Perceptual Abilities (DAMP)(at preschool/school and/or home):**

- Break tasks into smaller component tasks.
- Provide breaks during and between tasks.
- Provide explicit step by step instructions.
- Use simple language and instructions that are concise.
- Allow longer timeframes in which to complete tasks.
- Have regular exercise and physical activity breaks throughout the day.
- 'Chunk' tasks into smaller, manageable components.
- Have a good knowledge of the child's strengths and weaknesses and areas of extreme interest.
- Use of learning aids (including electronic spellers and dictionaries, word processors, talking calculators, books on tape).

## **Occupational Therapy approaches and activities that can support the child and/or their carers include:**

- Expanding abilities: Developing a broad range of skill areas.
- Social stories: Providing ideas and education around social story development.
- School transition: Advocating and professionally supporting the transition to school and liaising with teachers, as required.
- Visual cues can be used to support routine and to introduce new, or a change in tasks.
- Motor development delay: If there is a delay in motor development, determine the current age level of a child's abilities.
- Devise goals: Setting functional goals in collaboration with the child,

parents and teachers so that therapy has a common focus beneficial to everyone involved.

- Educating parents, carers and teachers about DCD, the age appropriate skills a child should be demonstrating and providing management strategies/ideas to assist the child in the home, at school and in the community.
- Physical skills: Providing ways/ideas to promote physical activity and participation in team/group activities.
- Task involvement: Providing alternative ways to encourage task engagement.
- Direct skill teaching through a task based approach.
- Sensory Processing: Enhancing sensory processing in order to gain better attention to task.
- Underlying skills: Developing the underlying skills necessary to support whole body (gross motor) and hand dexterity (fine motor) skills, such as providing activities to support:
  - balance and coordination
  - strength and endurance
  - attention and alertness
  - body awareness
  - movement planning

## **Speech Therapy approaches and activities that can support the child and/or their carers include:**

- Speech and language assessment to help the family to understand how the child is processing, understanding, learning and using language and communication.
- Communication strategies: Providing the family with strategies and techniques to increase and enhance communication with the child.
- Daily activities: Helping the child to understand the environment, routines and language.
- Developing language: Helping the child to understand and use richer language and to use language more spontaneously.
- Conversation skills: Developing conversation skills (e.g. back and forth exchange, turn taking).
- Concept skills: Developing concept skills, especially abstract concepts,

- such as time (e.g. yesterday, before, after).
- Visuals can be used to help with understanding and the child's ability to express their needs, wants, thoughts and ideas.
- Social skills: Development of social skills (i.e. knowing when, how to use language in social situations).
- Enhancing verbal and non-verbal communication including natural gestures, speech, signs, pictures and written words.
- Visual strategies: Using visual information to help understand, organise and plan the routine for the day.
- Liaising with educational staff regarding the nature of the difficulties and ways to help the child to access the curriculum.

## **Why should I seek therapy for the child with DAMP (Deficits in Attention, Motor Control and Perceptual Abilities)?**

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

## **Left untreated, the child with Deficits in Attention, Motor Control and Perceptual Abilities (DAMP) may have difficulties with:**

- Following instructions within the home, kindergarten or school environment.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.
- Understanding jokes and figurative language during interactions with

- others, and when watching TV shows and movies and reading books.
- Managing a full school day due to poor strength and endurance.
  - Participating in sporting activities leading to an inactive lifestyle, increasing the risks of other health related issues such as obesity, diabetes, cardiovascular disease or similar conditions.
  - Self esteem and confidence when they realise their skills do not match their peers.
  - Fine motor skills (e.g. writing, drawing and cutting) due to poor core stability, meaning they do not have a strong base to support the use of their arms and hands.
  - Completing self-care tasks such as doing up shoelaces, buttons, zips, using cutlery.
  - Self regulation and behaviour, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
  - Accessing the curriculum because they are unable to attend to tasks long enough to complete assessment criteria.
  - Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
  - Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child

*For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.*

## **What does the diagnosis of Deficits in Attention, Motor Control and Perceptual Abilities (DAMP) really mean for the child?**

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor:

- What other issues commonly occur simultaneously.
- What medication might be appropriate.

- What therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- What the course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- What can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child on 1800 KID SENSE (1800 543 736)

