

## THE WHOLE IS GREATER THAN THE SUM OF THE PARTS

### SOI AND ADD/ADHD BY L. BRIAN HERSCH M.D.



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This is a two-part series on ways to enhance treatment outcomes of persons with ADD/ADHD. The bedrock of Psychiatric treatment for ADD/ADHD is the use of medication. Medication, though successful, does not always improve learning and academic achievement.

In our paradigm, stimulants and other useful medications significantly alter biochemical imbalances. These medications provide assistance in behavioral inhibition, calming of hyperactivity, and the acquisition of a readiness to focus, concentrate, and attend. We have found the medication crucial, however, it is often not sufficient to enhance learning and improve academic success. This paper offers a successful treatment for addressing the partial or incomplete outcomes regarding learning and academic achievement. Two patients are presented to illustrate the problems and the solutions:

**CASE #1:** Terry, a 36 year old single woman, was diagnosed with ADHD when she was 26. Her primary symptoms were difficulties with memory,

concentration, and completion of tasks. Her lack of organizational skills severely influenced her work performance. As a social worker she was excellent with people and skilled in clinical interactions. Since 30% of her work involved documentation, she constantly struggled with feelings of inadequacy.

READING was painful; her memory and comprehension fell far short of her expectations. Lectures were frustrating because the information seemed to come in faster than she could process it. During college and graduate school, her frustration and discouragement led her to avoid lectures, conferences and reading. Her tenacity and excellent rote memory allowed her to complete her degree.

In conversations, particularly in groups, she found it hard to pay attention because she would experience an involuntary mental blink with interruptions of information flow. At other times, in conversation, she would experience word finding problems. Sometimes she would blurt something out not to be rude but for fear that if she failed to say what she was thinking she would lose it.

Her first treatment consisted of stimulant medication, augmented with antidepressant medication and psychotherapy. Improvement was very noticeable concerning decreased impulsiveness, hyperactivity, lessened energy fluctuation, and increased self confidence. Her ability to concentrate was better

when interacting with clients, however her difficulties with learning continued. She became increasingly curious about doing something to identify and understand her learning problems. She hoped she could find a method to improve her learning and reading, and to be more effective with job-related paperwork.

The SOI test was given and the results were striking. **THE TEST SCORES SHOWED SHE WAS GIFTED AND REVEALED SHE WAS LEARNING DISABLED.** This profile also proved that she had significant visual problems. Further assessment clarified the problems as jumpy eye movements and tracking difficulties. Fine motor coordination, and problems with balance were examples of Sensory motor difficulties. For the first time in her life, she understood the nature of her learning problems. **THE FACT SHE WAS SMART AND FELT DUMB MADE SENSE TO HER.**

**CASE # 2:** David, an 11 year old boy, was first seen when he was 8. He was identified as a special education student with difficulties in reading and language arts. He was very small for his age, was discouraged, had attention problems and was immature in social interactions. This caused his mother great distress. His older sister was very successful in every aspect of school, family and social life, and he was often compared with her. He was SOI tested and the results were indicative and predictive of his learning difficulties. He was evaluated by a child psychiatrist who decided David was borderline

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ADHD and recommended against starting medication. This also concurred with parents' wishes.

His treatment consisted of following the learning plan recommended by the SOI results. More specifically, he was tutored using a two-pronged approach. First, he used SOI learning modules to help remedy his foundational learning problems. In addition he used prescribed physical exercises to help correct problems with vision, and sensory motor problems. He, too, made good progress, with one significant exception: He could not translate his gains into success in the classroom, family or social environment. Some months later, I evaluated this young man and recommended stimulant medication for his ADHD.

These individuals, Terry and David, have forms of ADHD/ADD. Both of them had positive but incomplete treatment responses. Terry had treatment with medication and psychotherapy. She had a better response when SOI, Sensory Motor, and Ocular visual exercises/modules were integrated as part of her treatment plan. These gains allowed her to begin reading again, and improve her job related paperwork. David was treated with SOI, Sensory Motor, and Ocular Visual exercises. He could dramatically generalize his gains into the classroom, family and peer interactions once Ritalin was added to his treatment regimen.

**THIS UNDERSCORED THE TREATMENT IDEA; THE WHOLE IS GREATER THAN THE SUM OF THE PARTS.**

## WHAT IS SOI?

SOI (STRUCTURE OF INTELLECT) is a new form of assessment that helps decide an individual's strengths and weaknesses regarding learning ability and potential. It is different from other assessments in that the results dictate various and specific treatments.

In the early 1960's DR. MARY MEEKER, using the Guilford model of intelligence, the S.I. (Structure of Intellect), applied it to education. She used it to identify gifted and talented students as well as those with learning vulnerabilities. Her husband DR. ROBERT MEEKER later teamed with her in the development of materials to strengthen each of the learning abilities assessed. Dr. M. MEEKER often has said "IT IS NOT HOW MUCH INTELLIGENCE, IT IS WHAT KIND."

The first action in any learning situation is to COMPREHEND. The second action is to organize and store the INFORMATION (MEMORY) of what is comprehended for later retrieval. If the information is not properly stored, it can influence how and what is retrieved. Children and adults with ADD/ADHD because of gaps or blinks in their ability to concentrate, have an interrupted flow of information that profoundly reduces memory (particularly sequential). Lowered attending often distorts comprehension as well.

After acquiring and storing information, we must use it to make a decision to successfully solve a problem. EVALUATION intelligence is called upon for this decision making process. This is critical for achieving the next phase of intelligence called

PROBLEM SOLVING (the ability to concentrate and converge on the elements of a problem to solve it). If a person is not able to concentrate during problem solving tasks; the results are frustration, giving up, and carelessness in the completion of the work. We all have observed the ADHD/ADD individual who, on a test or assignment, will give 60 SECONDS WORTH OF ENERGY to the task and then out of frustration, start marking randomly.

CREATIVITY, the fifth dimension in intellectual functioning, is in its own category and has a vital life of its own. It interacts with and is dependent on the former learning operations. Creativity is an independent thinking pattern, not taught in schools and rarely recognized as a learning ability.

For example, if you draw a tree, and then change that tree into something entirely different, persons trying this exercise would engage in a process of creativity in changing the shape and form of the tree. No one answer would be the same and every answer would be acceptable. SOI materials that develop creativity and the creative processes often allow an individual the opportunity to use brain power and mental energy to keep the spark of learning alive, until the strengthening of other abilities takes hold. One of the gifts that ADHD individuals bring to the table can be exceptional creativity. Creativity without direction, however, can be construed as bothersome chaos or go unrecognized. In other words, creative intelligence with low problem solving or evaluation abilities can cause social problems.

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Learning for many ADD individuals is like shooting in the dark. Find the light switch and the room of learning becomes illuminated and the path to follow has many visible guide posts.

To ask you to improve your comprehension without being more specific would be vague and discouraging. SOI identifies comprehension in very specific, measurable ways. For example, spatial and concrete information (Figural) can be presented in terms of what is seen, heard, and touched. Looking at a table in the middle of the room and knowing that this piece of furniture is a table is visual/Figural comprehension.

Numbers, letters, musical notes and the dollar sign are symbolic representations. Comprehension of symbols differs from comprehending spatial information. The symbol for a ten-dollar bill is \$10. Semantic, (verbal and written) communication uses meanings of words. Comprehension of verbal information is different from comprehension of symbols and figures. A person may have the ability to read and not comprehend what is read. Another may have the ability to comprehend what is read but not remember it.

The strength and utility, the validity and reliability of this model is when a problem exists in the learning foundation, it conveys this to the person. Furthermore, the model helps hone in and identify the student's learning processes. This blue print for building strengths pinpoints their learning vulnerabilities.

When there is no blue print, there is

no mechanism to strengthen the student's learning foundation. The learning process is haphazard at best, limited to academic curriculum and will only measure the student's inherent strengths.

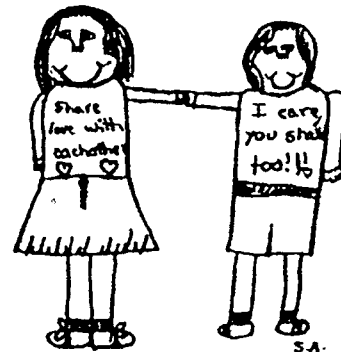
In summary the complicated action of LEARNING needs to have well defined starting points. The SOI model allows for a systematic application of learning exercises to building an individual's learning abilities and potential.

In the next issue, an SOI profile will be outlined and the treatment plan will be discussed.\*

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