How DCD Impacts Play and Leisure for Children and Families

Presenter: Dr. Paulene Kamps

IPA, Calgary        September 2017
Disclaimer

• No competing interests or sponsorships

• All images are used with parent permission & consent or downloaded from internet & are not intended to identify or harm specific people

• The information provided is filled with general statements & may not apply to all children who have Developmental Coordination Disorder

• Based on research, my study & ideas
Overview

• Introduce Developmental Coordination Disorder

• Explain how DCD impacts youngsters in their ability to play & engage in leisure activities

• Why? So ALL parents, doctors, educators, & mental health practitioners (MHPs) become aware of, recognize, diagnose, & then treat DCD in early years, so LOST JOY & other negative impacts on play can be reduced
On a beautiful day, most children want to play!
Play Offers:

• Early physical control & body awareness = able to learn about one’s body through movement…
• Also, opportunities to use one’s body to learn…
• Use of tools & objects = feelings of mastery…
• Social communication, engagement, belonging, shared enjoyment, emotional well-being…
• Feelings of competency & resiliency…
Benefits of Play Supported by:

- Common sense understandings about children & how they develop
- Education models in early childhood services
- Theories of cognitive development (JP & LV)
- Theory of lifespan development (EE)
- Theory of emotional regulation (CK)
But Some Children Do not Play:

• A formal diagnosis recognized by APA in DSM
• Also fully recognized by the World Health Organization in their manual (SDMF)
• Research confirms prevalence at 5-6%
• Affects people throughout lifespan
• Functional consequences are broad & serious
Developmental Coordination Disorder

- Always evidenced in early childhood
- Adults may notice low tone, poor motor abilities
- Motor problems affect many areas of functioning
- Multiple rule-outs & inclusionary conditions
- One criteria is that motor difficulties negatively affect play & leisure activities
Attention-deficit/hyperactivity disorder (ADHD) is associated with specific learning difficulties. Poor academic performance, related to specific difficulties in performing tasks, may reflect difficulties in performing those skills. Academic problems may also reflect difficulties in performing more frequent tasks. ADHD is more frequent than expected for both disorders are met, both diagnoses can be given.

Psychotic disorders. Specific learning disorder is distinguished from schizophrenia or psychosis, because these disorders have a decline (often rapid) in these functional domains.

Comorbidity

Specific learning disorder commonly co-occurs with neurodevelopmental (e.g., ADHD), cognitive-processing difficulties associated with schizophrenia or psychosis, because these disorders have a decline (often rapid) in these functional domains.

Motor Disorders

Developmental Coordination Disorder

Diagnostic Criteria

A. The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunity for skill learning as well as normal motor development. These difficulties are manifested as clumsiness (e.g., dropping or bumping into objects), difficulty in using scissors or cutting objects, handwriting, riding a bike, or participating in sports and games.

B. The motor skills deficit in Criterion A significantly interferes with academic/school productivity, prevocational and vocational activities, leisure, and play.

C. Onset of symptoms is in the early developmental period.

D. The motor skills deficits are not better explained by intellectual disability (intellectual disability), organic condition affecting movement (e.g., cerebral palsy, muscular atrophy, degenerative disease), or other mental, physical, or neurological condition affecting movement (e.g., muscular dystrophy, myasthenia gravis, or other neurological condition affecting movement).

Associated Features Supporting Diagnosis

The prevalence of developmental coordination disorder in children is estimated to be 6%. It is more common in boys than in girls, with a prevalence of 9% compared to 3% in girls. Developmental coordination disorder has been found to be associated with other disorders such as ADHD, autism spectrum disorder, and specific learning disabilities.

Prevalence

The prevalence of developmental coordination disorder in children is estimated to be 6%. It is more common in boys than in girls, with a prevalence of 9% compared to 3% in girls. Developmental coordination disorder has been found to be associated with other disorders such as ADHD, autism spectrum disorder, and specific learning disabilities.

Development and Course

The course of developmental coordination disorder is variable. Some children improve with age, while others continue to have difficulty throughout childhood and adolescence. It is important to assess the child's skills and identify areas of difficulty so that appropriate interventions can be provided.
Children with DCD...
However, DCD Also Impacts:

• Early physical control & body awareness = learn about one’s body through movement (-)
• Opportunities to use one’s body to learn (-)
• Use of tools & objects = feelings of mastery (-)
• Social communication, engagement, belonging, shared enjoyment, emotional well-being (-)
• Feelings of competency, resiliency (-)
How DCD Relates to Play...

- Skilled & efficient motor abilities are expected at home, in the community, & daily at school
- Play & leisure occurs in class, gym, & playfield
- Child needs good gross motor, visual motor & efficient communication (receptive & expressive)
- Must also recall information, be organized, & able to play with peers
How DCD Relates to Play...

- Child WANTS to play but cannot perform age-appropriate skills or those expected
- Cannot keep up with the skills of peers
- Child may face teasing because of weak skills
- Continued difficulty = ridicule, joking, some exclusion = less practice & social experiences
- Reduced peer engagement & **lost joy**
I wish my teacher knew I don't have a friend to play with me.
How DCD Relates to Play...

• After initial teasing & joking, uncoordinated child may become target of taunting & bullying
• Clumsy child may feel anxious about weak play behaviour, being judged, & humiliated by peers
• Early motor-based issues of DCD now affect non-motor functioning
• DCD is a serious mental health condition
Perhaps DCD is Misunderstood

• Motor difficulties & problems misinterpreted
• Person struggles with play, communication, peer engagement = frustration & emotional upsets
• To reduce bullying = withdrawal (**LOST JOY**)  
• Child unable to engage socially = misunderstood as socially disinterested (difficulties documented)
• DCD may be mis-diagnosed as ASD
Encouraging Play

• OTs & PTs are often involved in early motor-based testing & intervention
• Use strength-based programming
• Focus on skills the child wants to learn
• **DO NOT** forget mental health supports (psych)
• Truly requires multi-disciplinary supports & services & policy changes
With diagnosis and supports, these students can thrive...

- motorically & socially
- emotionally at home & in a school-based setting
- healthier inner being

The call to action for you:

*Find DCD; improve play & restore JOY in childhood!*
Resources

• Canchild.ca
• Free assessment tools on WWW
• DCD Questionnaire @ dcdq.ca
• DCDDaily_Q_UK @ dcdddaily.com
• Ask medical & mental health professionals
• Seek proper diagnosis = new future & supports
Final Comments

- Thanks to ALL researchers who have seen links & relationships in the past
- Special thanks to all clients & parents who have been willing to share their distress & concerns
- It is a privilege to share this information with you
- Questions & comments are welcome