

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

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5™

AMERICAN PSYCHIATRIC ASSOCIATION

Comorbidity

Comorbidity

Specific learning disorder commonly co-occurs with neurodevelopmental (e.g., ADHD, communication disorders, developmental coordination disorder, autistic spectrum disorder) or other mental disorders (e.g., anxiety disorders, depressive and bipolar disorders). These comorbidities do not necessarily exclude the diagnosis of specific learning disorder but may make testing and differential diagnosis more difficult, because each of the co-occurring disorders independently interferes with the execution of activities of daily living, including learning. Thus, clinical judgment is required to attribute such impairment to specific learning difficulties. If there is an indication that another diagnosis could account for the difficulties learning keystone academic skills described in Criterion A, specific learning disorder should not be diagnosed.

Motor Disorders

Developmental Coordination Disorder

Motor Disorders

Motor Disorders

Developmental Coordination Disorder 315.4 (F)

...ordinated motor skills is substantially below
...age and opportunity for skill lea
...dropping or bumping i
...motor skills (e.g.
...participati

Diagnostic Criteria

- ## Motor Developmental Coordination Disorder
- ### Diagnostic Criteria
- The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunity for skill learning and use. Difficulties are manifested as clumsiness (e.g., dropping or bumping into objects) as well as slowness and inaccuracy of performance of motor skills (e.g., catching an object, using scissors or cutlery, handwriting, riding a bike, or participating in sports).
 - The motor skills deficit in Criterion A significantly and persistently interferes with activities of daily living appropriate to chronological age (e.g., self-care and self-maintenance) and impacts academic/school productivity, prevocational and vocational activities, leisure, and play.
 - Onset of symptoms is in the early developmental period.
 - The motor skills deficits are not better explained by intellectual disability (intellectual developmental disorder) or visual impairment and are not attributable to a neurological condition affecting movement (e.g., cerebral palsy, muscular dystrophy, degenerative disorder).
- ### Features
- Motor coordination disorder is made by a clinical syndrome (e.g., physical examination, school or workplace performance), and is not better explained by a clinically sound and culturally appropriate condition affecting motor coordination (e.g., autism spectrum disorder, specific learning disorder).

Features

mentary coordination disorder is made by a clinical synthesis of the (e.g., cerebral palsy, muscular dystrophy, etc.).

[illegible]

Criterion C states that the onset of symptoms of developmental coordination disorder must be in the early developmental period. However, developmental coordination disorder is typically not diagnosed before age 5 years because there is considerable variation in the age at acquisition of many motor skills or a lack of stability of measurement in early childhood (e.g. some children catch up) or because other causes of developmental coordination disorder (e.g. visual impairment) are not better explained by visual impairment. Criterion D specifies that the diagnosis of developmental coordination disorder is not made if the child has a neurological condition. Thus, visual function examination and neurological examination are part of the diagnostic evaluation. If intellectual disability is present, the motor difficulties are in excess of what would be expected for the child's chronological age, and the motor discrepancy criterion is not met, the child is not considered to have developmental coordination disorder.

[illegible]

Other terms used to describe developmental disorder of motor function, dyspraxia, specific developmental disorder of coordination disorder.

Associated Features Supporting Diagnosis

Associated Features Support

Some children with developmental coordination disorder (DCD) have associated features, such as choreiform movements, tics, or obsessive-compulsive disorder (OCD). These "overflow" movements are referred to as "associated features" rather than neurological abnormalities. In clinical practice, their role in diagnosis is still unclear.

Prevalence

Prevalence

Development and Co

Development

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
friend to paly
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





100%—

loser
stupid
happiness

when
other
kids
swear

FU

Bullying
0 =



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 @ dcddaily.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