

# D Y S P R A X I A

The Manual You Were Never Given

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## **Profiling DCD/Dyspraxia**

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## Outline

- Thoughts about diagnostic categories
- Understanding the individual child
- Using questionnaires to triangulate viewpoints
- Bringing teachers and parents together 'on the same page'
- *Disclaimers:*
  - *I am not a clinician*
  - *I am trained in developmental psychology with speciality of language acquisition*
  - *I do have primary teacher training*
  - *I am a researcher*



## Diagnosis

- Diagnostic categories are created by human beings from experience, and knowledge and from forming hypotheses that fit within larger theoretical frameworks.
- Diagnostic categories and category boundaries can and do shift and change over time.
- Diagnosis can be important for:
  - Access to specialist services and funding
  - Triggering the sharing of information about DCD/Dyspraxia
  - Helping specialists know 'where to start' with intervention programmes
  - For defining groups for research aimed at helping the individual



## Diagnosis

- Diagnosis may not be helpful if....
  - The diagnosis does not cover all of the individual's challenges leading to some being ignored or
  - The individual is assumed to have challenges that they don't actually have because the diagnosis suggests they should have them
  - Having a diagnosis pathologises perfectly typical developmental stages and behaviours such that the child is seen as being the diagnosis ('the dyspraxic')



## Diagnosis

- Whether or not there is a diagnosis, we –family members, school personnel, employers, friends—engage with the person (not the diagnosis)
- “it is much more important to focus on the profile of an individual’s strengths and weaknesses” (David Grant, 2005)



# Profiling DCD/Dyspraxia

## So, how do we get to know any person?

- Raising them
- Communicating with them
- Teaching them
- Sharing activities with them
- Observing them
- Being in relationship with them





## Who sees what?

- Who sees...
  - The fear and anxiety
  - The forgetting
  - The poor sleeping
  - The difficulty getting organised
  - The loss of attention
  - The getting lost
  - The daydreaming
  - The clumsiness
  - The struggle to communicate
  - The frustration
  - The fear and anxiety



# Profiling DCD/Dyspraxia

## Who sees what?

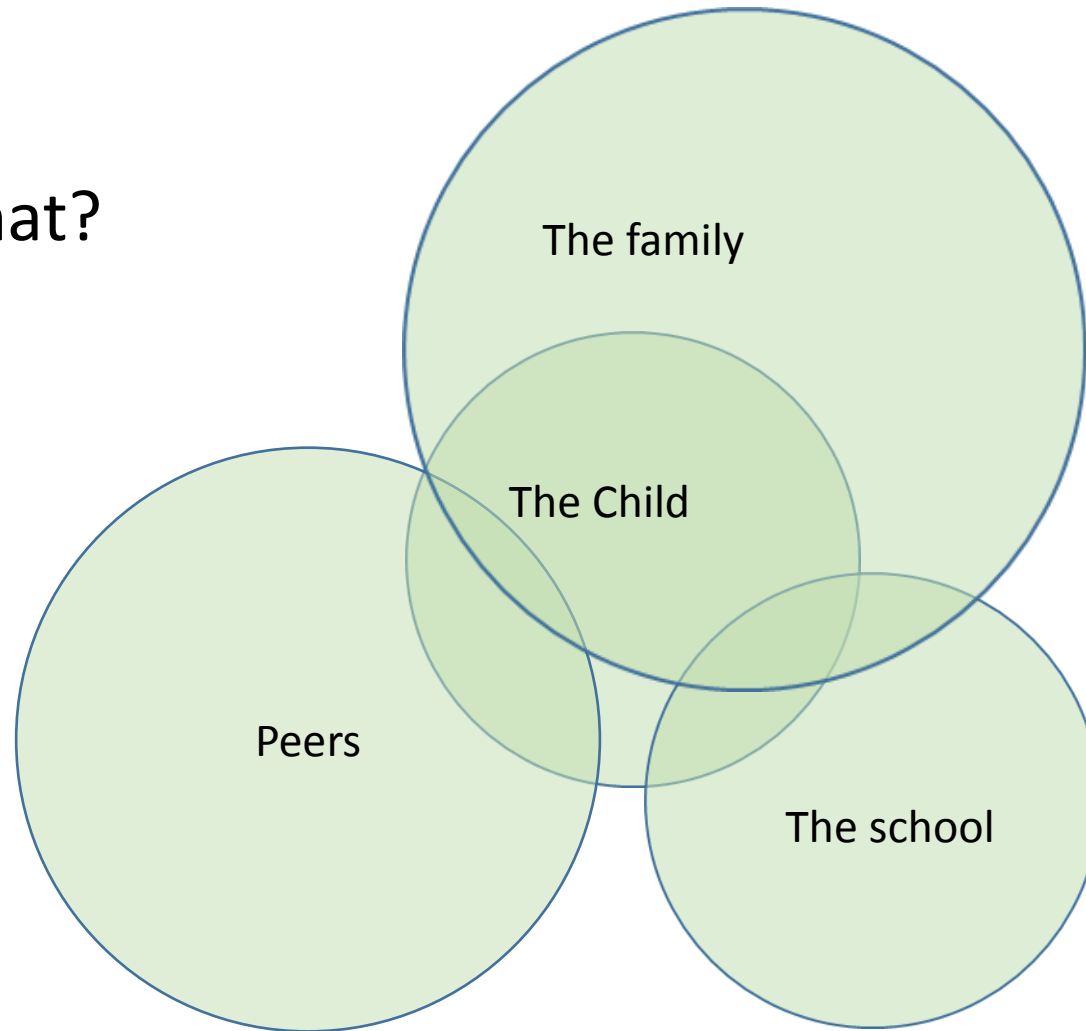
- The sense of humour
- The curiosity
- The talking up a storm
- The persistence
- The affection
- The triumph of success
- The friendly helper
- The bookworm
- The caring for animals
- The helping others





# Profiling DCD/Dyspraxia

Who sees what?



And how can observations be shared?



# Professional clinical assessments

- Definitely have their place and can help adults understand the child and provide access to services
- But:
  - Can be costly
  - Can risk a lack of 'buy-in' because carried out by 'others' (Don't tell me about this child!)
  - They are only a special kind of observation
  - Interpreted by someone with a particular set of expectations and body of knowledge (OT, Psych, SLT, etc.)
  - Does the particular specialised assessment provide what the parent or teacher needs to know?



# Other sorts of assessments

- Daily observations noted in a notebook/emails shared between home and school
- Regular (weekly, monthly, termly) conversations and discussions between parents and teachers to share information
- Observational checklists
- Parent and teacher questionnaires that cover a wide range of functional abilities, e.g., the ABASII.
- The ABASII meets all of Bagnato's criteria for authentic assessment, but my comments today are not to be taken as a commercial advert for the ABASII!



# The Adaptive Behaviour Assessment System



# ABASII

- For 0 -5 year olds: 241 Functional questions across systems and areas of functioning: Communication, Community Use, Functional Pre-Academics, Home living, Health and Safety, Leisure (i.e., play), Self-Care, Self-Direction, Social, and Motor.
- For 5 – 21 year olds: 232 Functional questions across: Communication, Community Use, Functional Academics, Home living, Health and Safety, Leisure, Self-Care, Self-Direction, Social, and Work (if they are in employment).



# Example questions: Communication



- Communication:
  - Says the name of an object clearly enough that others recognise it (0-5)
  - Repeats words others say, for example, says 'baby' when an adult says 'baby'. (0-5)
  - Follows simple commands, for example "No" or "Come here" (0-5)
  - Listens closely for at least 5 minutes when people talk (5-21)
  - Repeats stories of jokes after hearing them from others (5-21)
  - Takes turn talking during conversations with people-is not too talkative or too quiet (5-21)



# Example questions: Academics



- Functional (pre) academics:
  - Sorts three or more objects by colour (0-5)
  - Recites nursery rhymes from memory (0-5)
  - Counts three or more objects (0-5)
  - Keeps score when playing games (5-21)
  - Reads and follows a daily classroom or work schedule (5-21)
  - Writes letters notes or e-mails (5-21)

# Example questions: Community Use



- Community use
  - Walks on the sidewalk rather than street (0-5)
  - Refrains from touching items in a store (0-5)
  - Asks to go to a park or other favorite community place (0-5)
  - Looks both ways before crossing school driveway or school parking lot (5-21)
  - Finds the restrooms in public places (5-21)
  - Packs his/her own clothing and supplies for overnight trips (5-21)

# Example questions: Home living (parent form)

- Home living
  - Turns television on and off (0-5)
  - Attempts to wipe up spills even if an adult must help (0-5)
  - Gets own snacks from cabinet or pantry (0-5)
  - Picks up and throws away trash or paper at home (5-21)
  - Makes his/her own bed (5-21)
  - Folds clean clothes (5-21)



# Example questions: School living (teacher form)

- School Living
  - Assists other people with putting away toys, games and other items (0-5)
  - Refrains from throwing food or paper on the floor (0-5)
  - Hangs coat or sweater in the proper place (0-5)
  - Performs daily or weekly classroom chores (5-21)
  - Makes a helpful contribution to keeping classroom neat and clean (5-21)
  - Brings needed books and supplies to school (5-21)



# Example questions: Health and Safety



- Health and Safety
  - Points to the body part that hurts when sick or injured (0-5)
  - Tests hot food before eating them (0-5)
  - Avoids crawling or climbing on high or dangerous places (0-5)
  - Shows caution around hot or dangerous items (5-21)
  - Carries scissors safely (5-21)
  - Uses electrical outlets or sockets safely (5-21)

# Examples questions: Leisure (play)



- Leisure
  - Looks at pictures in books or magazines with an adult (0-5)
  - Chooses a game or toy during playtime (0-5)
  - Plays with toys, games, or other fun items with other people (0-5)
  - Uses the free time during the school day productively (5-21)
  - Invites others to join him/her in playing games and other activities (5-21)
  - Tries a new activity to learn about something new (5-21)



# Example questions: Self care



- Self-Care
  - Feeds himself/herself crackers, cookies, dry cereal, or other finger foods (0-5)
  - Takes shoes off (0-5)
  - Washes hands with soap (0-5)
  - Feeds self for most of a meal, using a spoon or fork, with little spilling (0-5)
  - Goes to bed with few or no complaints (0-5)
  - Comes to school with clean teeth (5-21)
  - Chews food with mouth closed (5-21)
  - Blows and wipes nose with tissue or handkerchief (5-21)
  - Drinks liquids without spilling (5-21)

# Example questions: Self-Direction



- Follows simple household rules such as, “No running in the house” (0-5)
- Works independently and asks for help only when necessary (0-5)
- Controls temper when a parent or other adult takes a toy or object away (0-5)
- Resists pushing or hitting another child when angry or upset (0-5)
- Keeps working on hard classroom assignments without becoming discouraged or quitting (5-21)
- Gathers all supplies needed before beginning a project at school (5-21)

# Example questions: Social



- Displays a special closeness or relationship to parent, for example, acts happy when parent returns (0-5)
- Shares toys willingly with others (0-5)
- Greets other children, for example, says “Hi” (0-5)
- Waits in line at school (5-21)
- Places reasonable demands on friends, for example does not become upset when a friend plays with another friend (5-21)
- Shows sympathy for others when they are sad or upset (5-21)

# Example questions: Motor (0-5 forms only)

- Rolls from stomach to side
- Stands up from sitting position
- Walks without help
- Walks up and down stairs with not help from others
- Catches ball tossed from 5 to 10 feet away
- Uses scissors to cut along a straight line



# Using the ABASII to explore DCD/Dyspraxia

- I will make 3 points:
  - Children with DCD/Dyspraxia present with uneven developmental profiles that need to be understood individual by individual
  - Children with DCD/Dyspraxia have strengths that are often masked by their challenges
  - Different observers see different things in the same child at the same time, and those perspectives need to be brought together and shared between the key adults in the child's life.



# Two projects using the ABASII:

- Pre-school project with children in early intervention (Champion Centre)



- School and home based project with children in regular classrooms (Champion Centre, Seabrook McKenzie, Dyspraxia Support, Special Needs Library)







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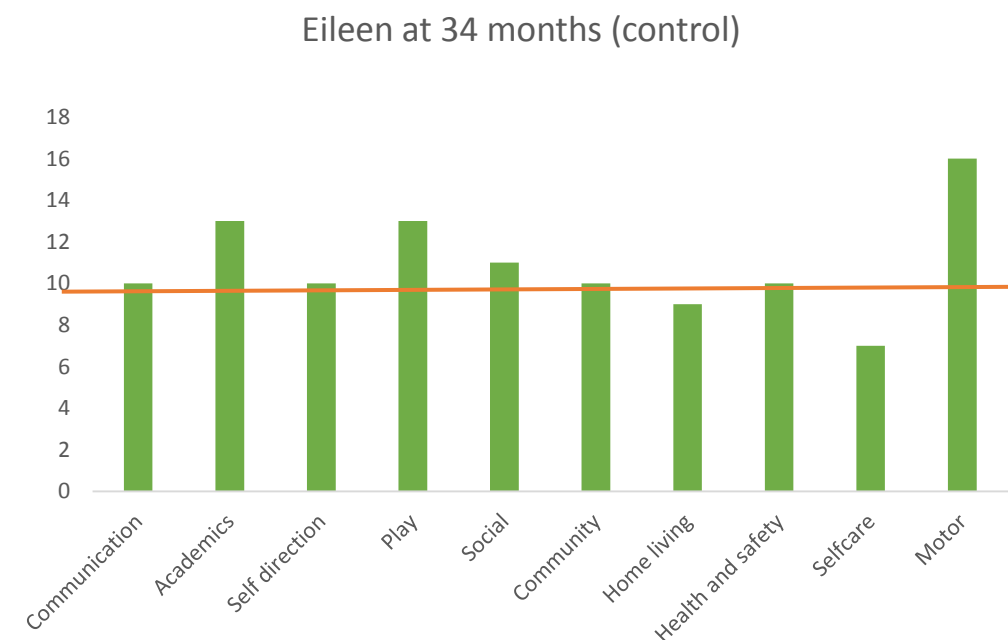
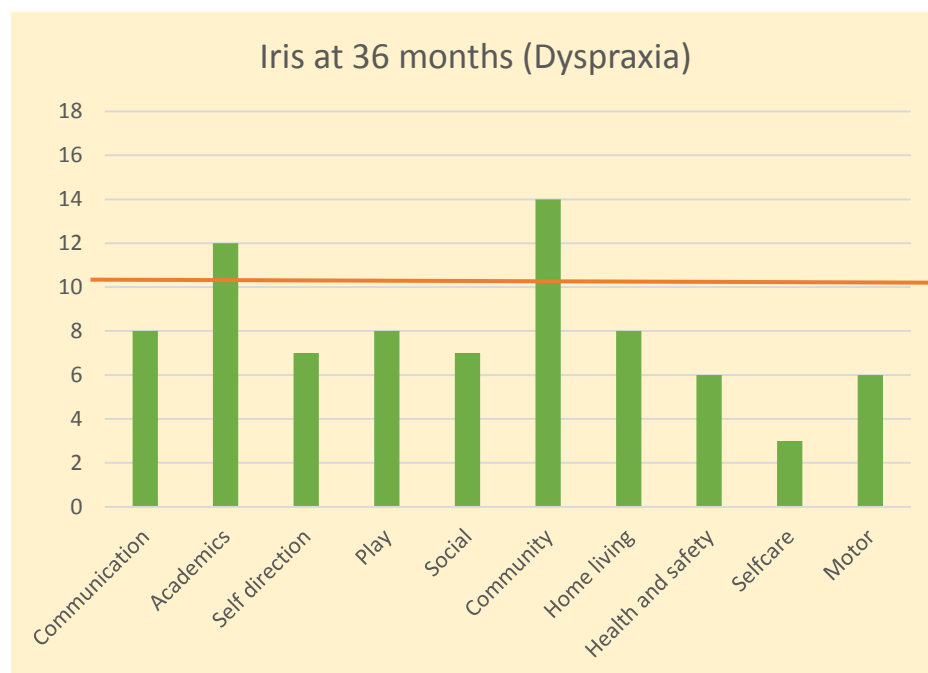
# The preschool Early Intervention project

Has so far collected data on only a small number of children with DCD/Dyspraxia, but these children have helped with the emerging thinking about profiling.



# The preschool Early Intervention project

- Children with Dyspraxia seem to have more uneven profiles than peers



(red line = middle of typical range)

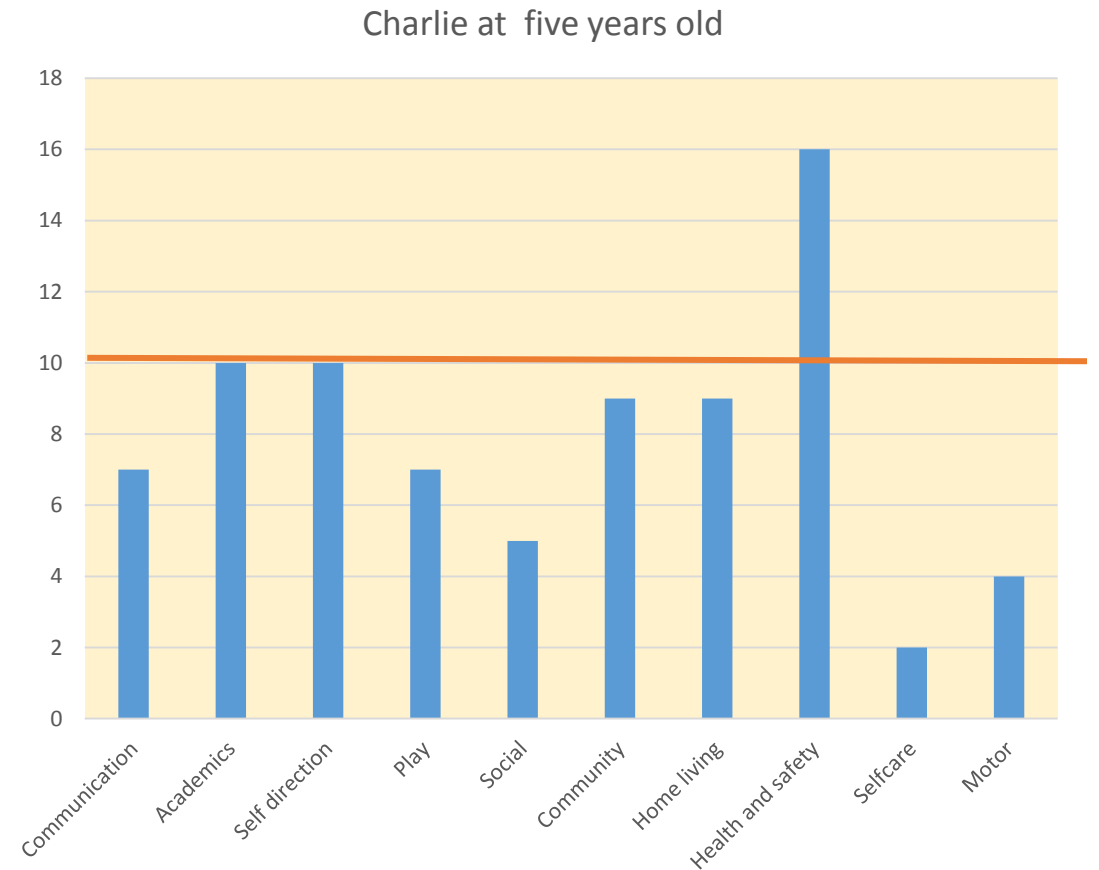




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# The preschool Early Intervention project

- Children with Dyspraxia have challenges in some areas that may mask typical skills in others
  - For example, Charlie's pre-academic skills and ability to self-direct risk being masked by his lower communication, play, social, and motor skills.
  - All of them risk being masked by his anxiety indicated by his over-careful health and safety score.

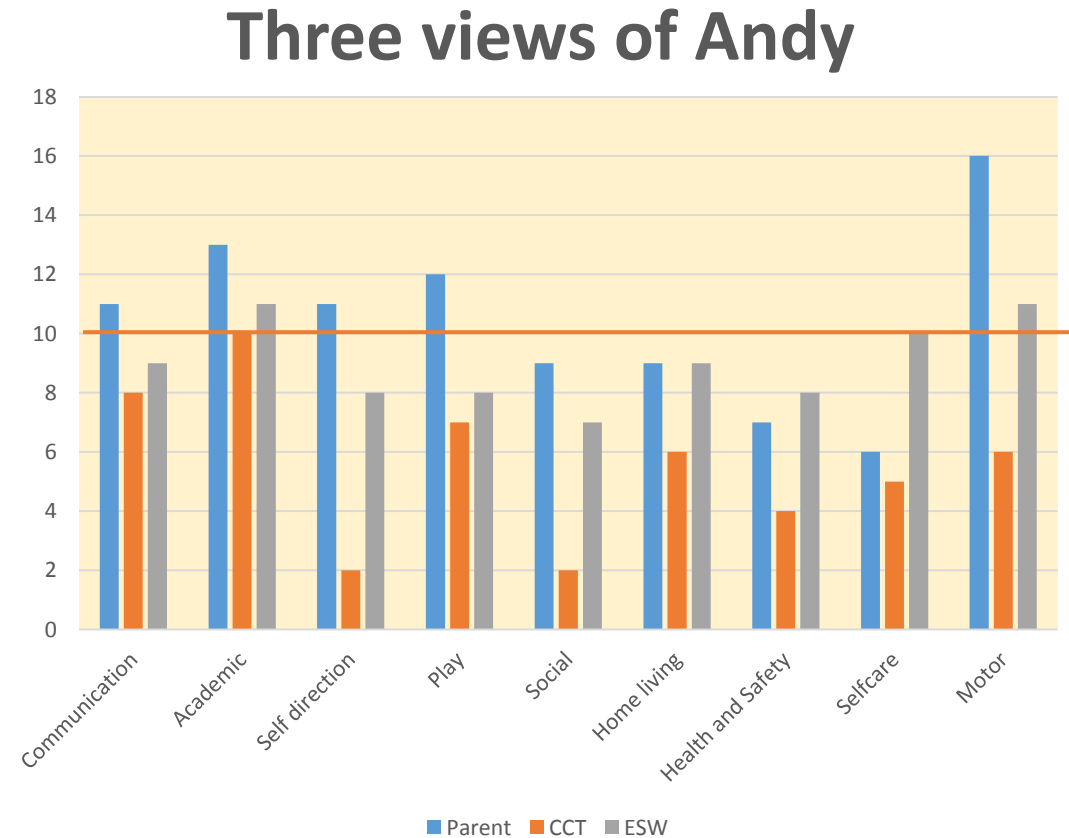




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# The preschool Early Intervention project

- Children with Dyspraxia are seen differently by different people
  - Andy's development is viewed more positively by his mother (blue) and ESW (grey) and less positively by his early intervention therapy team (orange).
  - We are finding that this is a typical pattern.
  - What could be the causes?



# Possible reasons for differences between adults' views of children



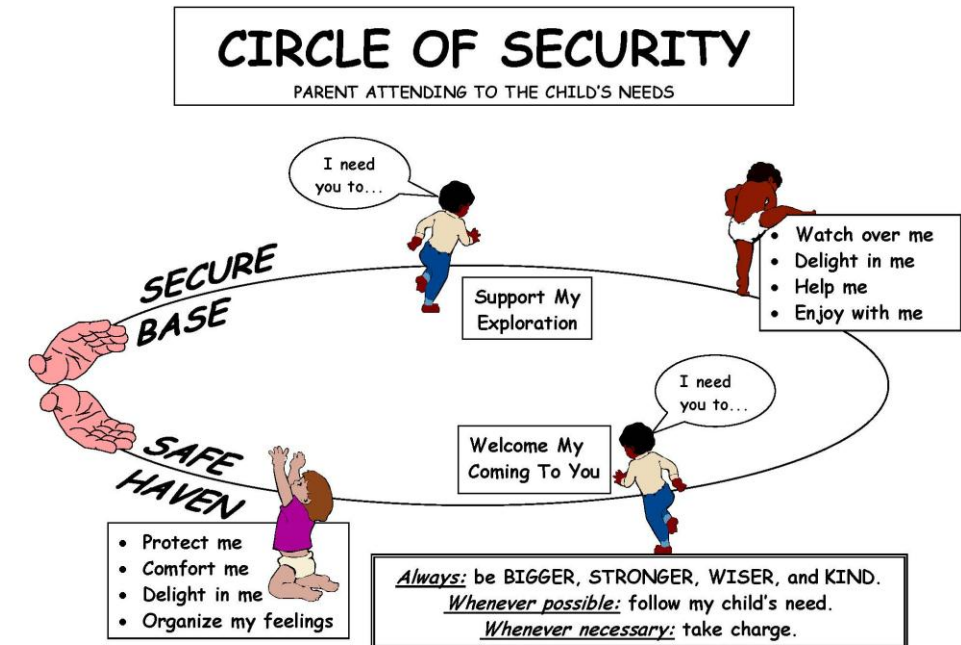
- Different interpretations of questions, e.g.,
- washes hands with soap...
  - Is getting the soap just a matter of pushing a pump bottle or does it call for manipulating a bar of soap?
  - How well covered are the hands with soap?
  - How much hand over hand is required?
  - Does the child rinse off the soap?
- Counts three or more objects..
  - Is this one-to-one matching of object to number?
  - Are the numbers said aloud and in the correct order?
  - When counting three objects does the child stop at three?
  - When there are only two objects, is the counting equally successful?
- Partial success may = success for a parent; but not for a therapist





# Possible reasons for differences between adults' views of children

- Different relationships with the child:
  - A child may be more adventurous with a parent than with a non-parent because repeated experience of the circle of security will keep the child well-regulated in exploration:
- More opportunities for observation:
  - Parent
  - ESW
  - Therapist





# Possible reasons for differences between adults' views of children

- Different experiences of activities
  - Play routines may be frequent, scaffolded and predictable at home, which allows the child to
    - Store and recall the experience
    - Stay calm and well-regulated
    - Participate more easily
  - Therapists and teachers (for very good reasons) will introduce new activities, often in sensorily challenging environments, which are less frequent, and will call for significant scaffolding and significant time to become predictable before they can be participated in.

# The Cross-Agency Learning Resource Project

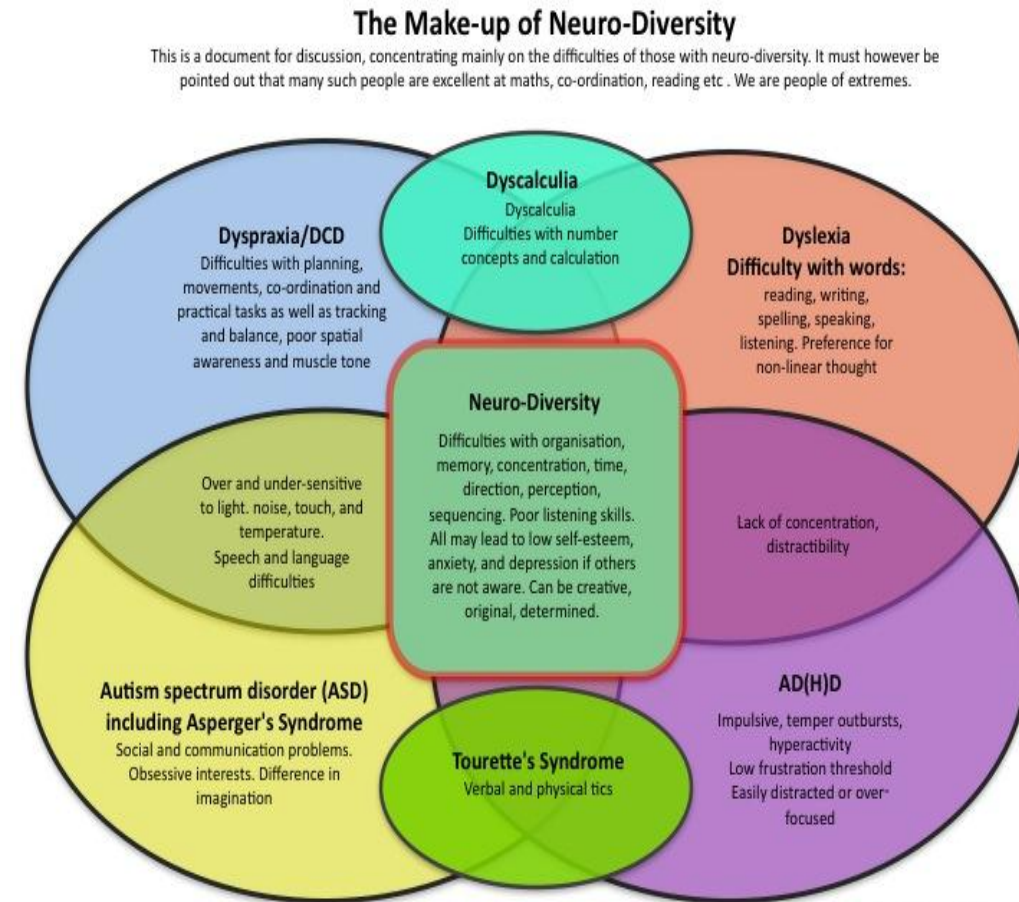


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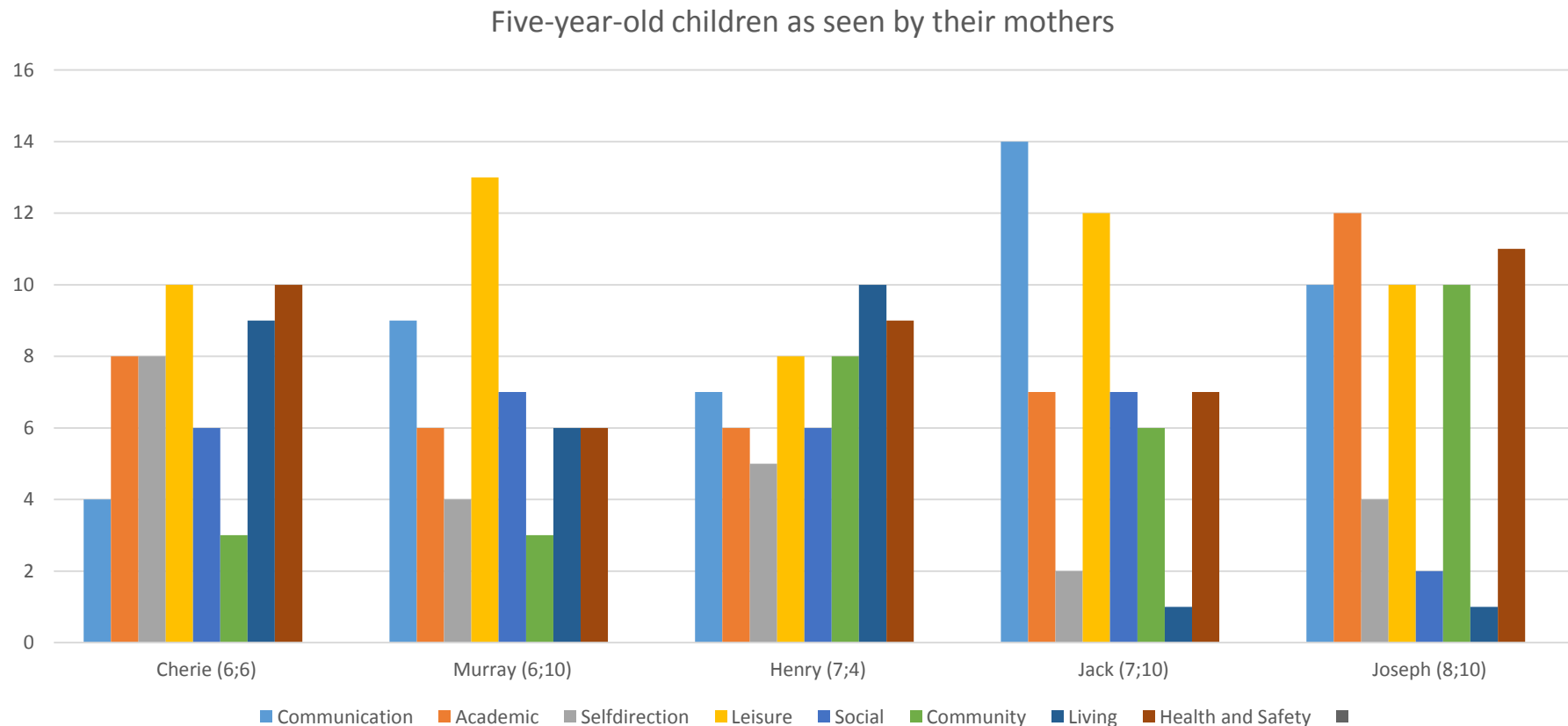
# The Cross-Agency Project has data on:

- 23 children of which...
  - 7 have a sole diagnosis of DCD/Dyspraxia
  - 2 have a query DCD/Dyspraxia
  - 7 have DCD/Dyspraxia and something else
  - 7 have other diagnoses
    - ADHD, SLD, APD, GDD, Dyslexia, anxiety
    - All closely related to Dyspraxia



# The Cross-Agency Project

- School-aged children with DCD/Dyspraxia (sole diagnosis) have uneven profiles

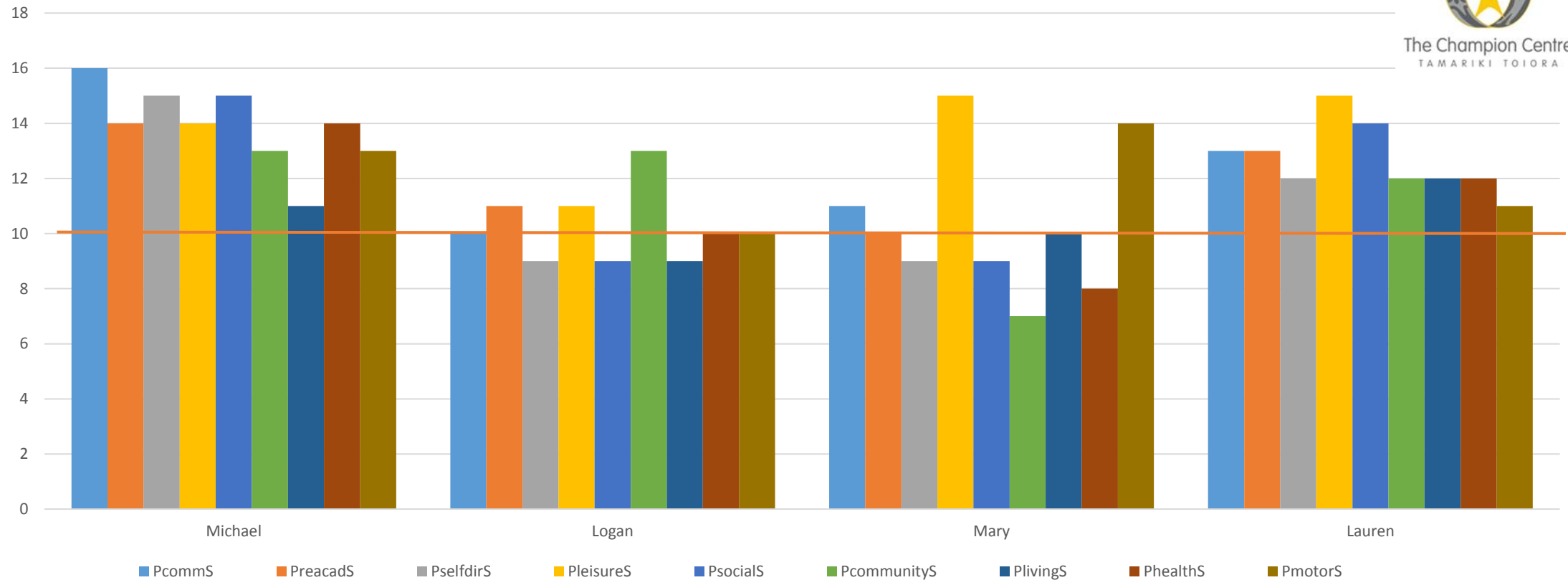


# Children with no identified challenges have a fairly even profiles (self-care excluded)

Five-year-old controls as seen by their mothers

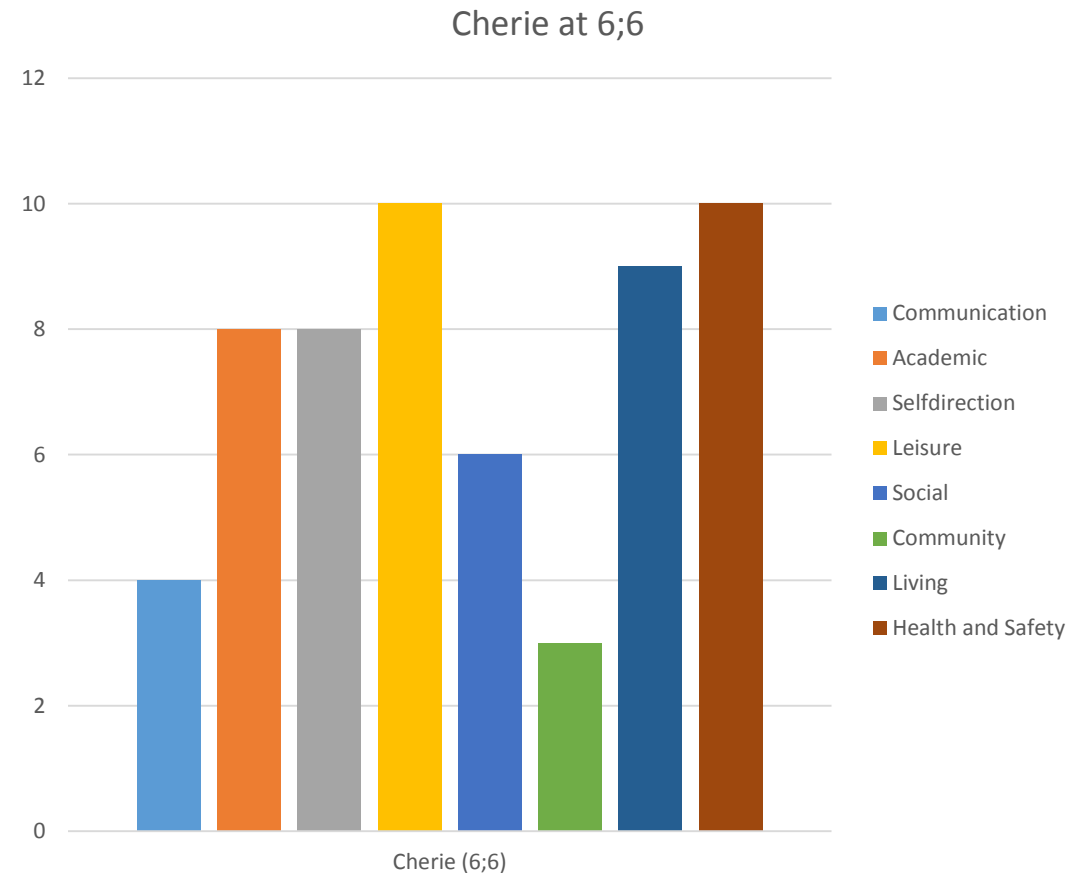


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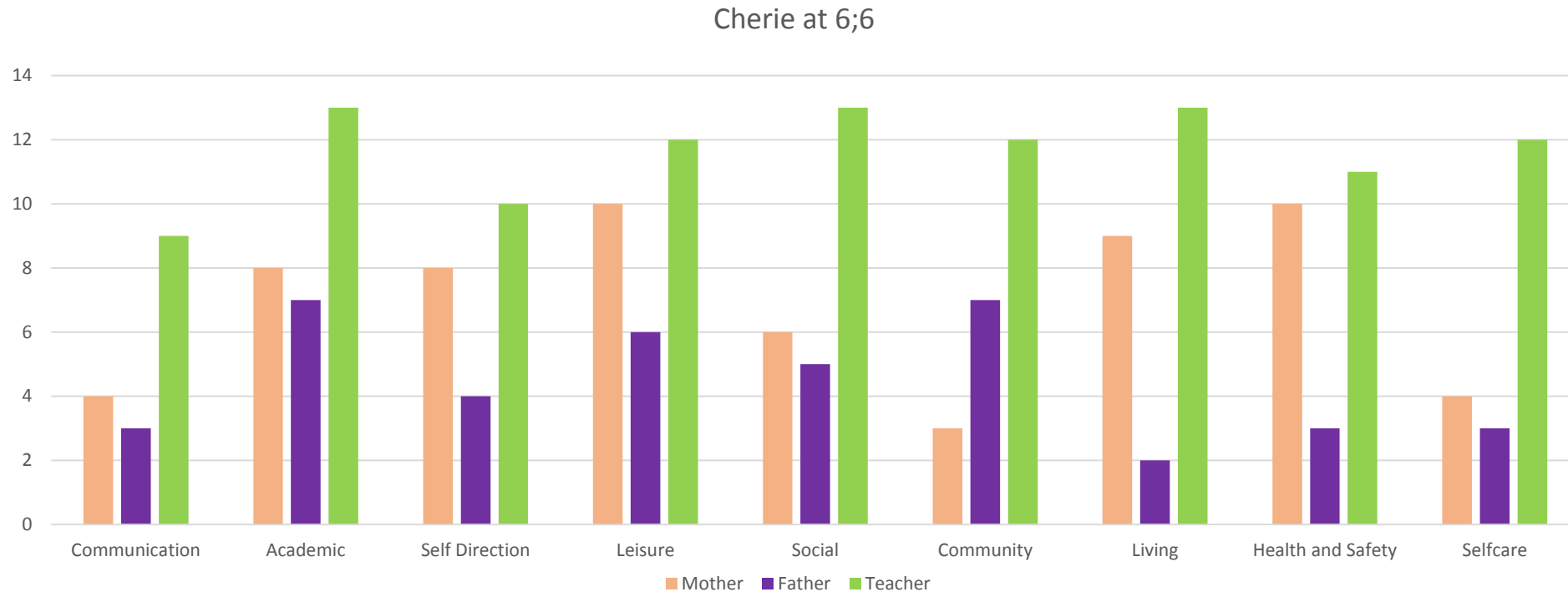
# The Cross-Agency Project

- Children with Dyspraxia have challenges in some areas that may mask typical skills in others
- Cherie's academic skills (in the typical range) risk being overshadowed by her lower communication and social skills; and both risk being overshadowed by her anxiety.



# The Cross-Agency Project

- Children with Dyspraxia are seen differently by different people:



# Different views of children

- Different patterns emerged in the data (preliminary analysis):
  - Some parents are clearly on the same page as each other; others seem not to be.
  - Some teachers responded in ways that were majorly different from parents: either reporting the child as doing just fine or as way behind peers
  - Where parents and teachers are very different in their impressions, it is easy to see how worries on either side will not be understood by the other without careful sharing.





# Possible reasons for differences in views on children

- As with the preschool data, teachers and parents may have:
  - Different interpretation of the questions
  - Different relationships with the child
  - Different tasks/activities/sensory environments at home and at school
  - Different understandings of the routines of home and school
  - More opportunities for focussed observation at home
- But none of this is the child's fault!



# Why is it important the adults are 'on the same page'?

- Parents can help the child be ready for the classroom if they know how the teacher perceives the child and what the expectations of the child are in the classroom;
- Teachers can help the parent(s) support the child's development by encouraging activities at home that exploit their strengths and support their challenges;
- Children need to feel understood and supported in both contexts if they are to develop a solid sense of self and a greater confidence in their abilities and their strategies for achieving at school and at home.

# Profiling DCD/Dyspraxia.....

- Has similarities of presentation across children
  - Unevenness of profile
  - Masking of skills
  - Variation by viewer and context
- So, supporting children with DCD/Dyspraxia calls for close attention to the actual presentation of each individual child
- It calls for constant communication between the adults at home and at school
- It calls for including the child in those conversations in ways that are positive.....





# Thank You!

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