

Difficulties encountered by adults with Developmental Co-ordination Disorder (D.C.D.) and their coping strategies

by

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Aim

The aims of this study were to determine whether problems associated with D.C.D. persisted into adulthood and if so, did they become more manageable? The authors hoped to determine what strategies had been useful to overcome any persistent difficulties. By analysing information on adult perspectives, the study could help to ensure that therapy programmes for children do not focus purely on physical aspects but address the other areas identified. Coping strategies for all environments could then be facilitated earlier.

Whilst the awareness of physical co-ordination difficulties has been well documented for children, little appreciation has been given to the difficulties faced by adults and in particular to the other, less obvious, aspects of D.C.D.

These may include:

- ✚ Poor short term memory
- ✚ Reduced self esteem
- ✚ Lack of self confidence
- ✚ Poor organisational skills

Method

186 questionnaires were sent to the parents and relatives of children receiving physiotherapy treatment for D.C.D. at one clinic. This was a qualitative design, questionnaire-based study to determine which of the respondents indicated a familial predisposition to D.C.D. Responses were analysed using Microsoft Office Excel 2003 spreadsheet

Questionnaire for parents and adult family members of children being treated

1. Does any adult member of your family have a history of co-ordination difficulties/Dyspraxia?	Yes No
2. If so, are you male /female?	
3. What is your relationship with the child?	
4. Did you feel this condition had any impact on your ability/willingness to complete schoolwork as a child? If so, in what way?	Yes No
5. Did you feel this condition had an impact on your ability/willingness to participate in sports at school? If so, in what way?	Yes No

6. Do you play sports regularly now? If so, what?	Yes No
7. Do you feel that any difficulties encountered as a child have an impact on your life now? Please explain:	Yes No
8. Do you feel that it has had an adverse effect on your ability to socialise with peers? If so, in what way?	Yes No

9. Do you feel that your difficulties as a child have become more manageable as an adult? If so, what?	Yes No
10. Do you use strategies in your daily life to assist you? If so, please explain what has been particularly helpful	Yes No
11. If you have any further comments that you feel may be of interest to our study please state them here	

Results

A total of 107 (58%) questionnaires were returned. Of these 50 (46%) indicated a familial pre-disposition to D.C.D. giving a participant group of 50 for analysis.

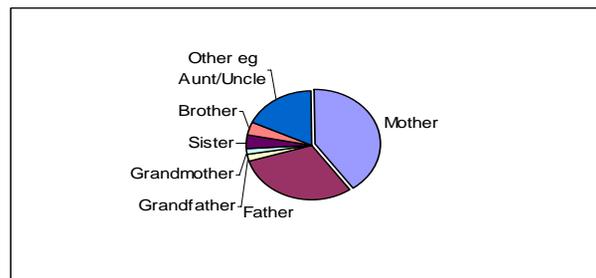


Chart to show Relationship with Child

Of Respondents:

Mother	40%	Father	30%
Other	18%	Brother	4%
Sister	4%	Grandmother	2%
Grandfather	2%		

Problems Reported as Children

Forty (80%) reported a detrimental impact on school life. This was related to:

- ✚ poor ability to focus and concentrate
- ✚ poor and slow handwriting
- ✚ poor ability to read and spell
- ✚ poor self-confidence and self-esteem
- ✚ difficulty with understanding and completing tasks
- ✚ difficulty with memory and organising self

Twenty-four (48%) reported that their difficulties had an impact on their willingness or ability to participate in sports. In particular participants had difficulty with:

- ✚ team sports,
- ✚ sports with numerous rules
- ✚ those requiring co-ordination skills such as netball and hockey
- ✚ those requiring quick reactions such as football

Problems Reported as Adults

Twenty-four (48%) reported difficulties continuing to impact into adulthood. These included the following areas:

- ✚ learning to drive
- ✚ completing forms
- ✚ organisational skills
- ✚ short term memory
- ✚ time management
- ✚ studying
- ✚ carrying out household chores

Twenty-six (52%) reported that they do not participate in regular sporting activities as adults. For those who continue with sports these included:

- ✚ Swimming
- ✚ Yoga
- ✚ Power walking
- ✚ Gym
- ✚ Horse riding
- ✚ Golf.

Twenty-three (46%) reported an adverse effect on their ability to socialise, felt to be due to the following:

- ✚ lack confidence in speaking to others
- ✚ feeling shy
- ✚ difficulty with speech
- ✚ bullying as a child making them wary of people
- ✚ not understanding how to socialise
- ✚ difficulty understanding humour and sarcasm and facial expression

Coping Strategies – As Adults

Twenty-two (44%) had developed coping strategies which included:

- ✚ using a computer
- ✚ listing jobs
- ✚ having assistance of another adult
- ✚ carefully preparing for new situations
- ✚ practising specific skills
- ✚ avoiding careers requiring skills which are poorly developed (e.g accounting)

Discussion

The persistent difficulties stated by the adults in this study are similar to those reported in other studies by Colley (2002), Portwood (2000) and Kirby (1999). These studies highlighted the difficulties with social and organisational skills, continuing with further education and social self-esteem. Perceptual problems mean sufferers are often unaware of the impact of their own behaviour and the implications of what others are saying or doing. Difficulty with social skills often results in the whole area of communication and building and sustaining relationships with others, becoming fraught.

Cousins and Smyth (2003) concluded from their examination of research papers that co-ordination difficulties continue to impact long after the teenage years. From their study, they found that the most persistent difficulties appeared to be with concentration. Driving a car was highlighted as a task many were unable to master due to the complex skills required. This was confirmed by our findings

Children with D.C.D. can be assisted to overcome many of the difficulties the adults reported in our study. Intervention at a young age allows them to become familiar with using strategies and to practising them. Examples of strategies include; making job and memory lists, advance planning of activities, learning to prioritise, preparing the night before, practising cooking and household chores, map reading, role play and organising their room. Also useful is learning a social strategy. Kirby (1999), Lee (2004).

Conclusion

The study confirmed that problems with D.C.D. do persist into adulthood. Participants within the study reported continued difficulties with short-term memory, social and organisational skills, time management, concentration, handwriting speed and self-confidence. The study highlighted difficulties associated with D.C.D., which continue in adulthood. Consequently, treatment programmes for children with D.C.D should encompass strategies to cope with difficulties beyond the purely physical. This will encourage children with D.C.D. to develop ways to cope with any persisting areas of weakness, which could continue to impact on their daily life in adulthood.

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